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ADDRESS ON THE PRESENT STATUS AND FUTURE TENDENCIES OF THE MEDICAL PROFESSION IN THE UNITED STATES, DELIVERED AT THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF MEDICAL EDITORS IN CLEVELAND, JUNE 5, 1883,

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GENTLEMEN:—I have promised to occupy your attention on this occasion, in considering the present status, and future tendencies of the medical profession in the United States. There is probably no more difficult problem than that involved in the question, as to the real status and tendencies of the times in which we live; and especially in reference to communities or classes of communities of which we constitute a part. An intelligent mind furnished with all the facts of the past history of a people, or of a profession, does not find it difficult to trace the various influences and measures which have contributed to their development and progress up to a given period in the past. But our minds are so liable to be influenced by such part of the events transpiring in the present as are most nearly related to our own interests, that we find great difficulty in comprehending with equal clearness all the influences at work around us, and consequently cannot judge correctly of their future tendencies. So true is this that if we study the past history of our race, we shall find but few, even of those most eminent as statesmen, clearly comprehending either the full bearing of the measures they advocated or the tendency of the time in which they lived. And a large part of the legislation which is done, through all forms of government, is based upon only a partial comprehension of the existing evils to be remedied, or of the benefits to be obtained, and if carried into effect with still less comprehension of the effects of those laws upon the future interests of society. And what is true in regard to legislative bodies and statesmen, is equally true in regard to any particular profession or subordinate class of people. For instance, at the present time, in relation to our own profession, it is apparent upon almost every page of our medical literature, and from the discussions in every medical society, that many things exist which are far from being satisfactory either as it regards its legal standing and educational progress, or the results of strictly professional investigation. And yet, in the midst of all the complaints, how few are the instances in which even an attempt is made to point out clearly any remedies for the evils complained of that would not in their practical operation either develop other evils of equal magnitude, or utterly fail to accomplish the purposes for which they were designed. Very much has been said during the last quarter of a century in regard to the imperfections and inadequacy of our system of medical education; and yet how few have even attempted to solve the question as to why the present inadequacy exists, or to point out clearly the way for its improvement. For the purpose of studying the important subject before us I shall on this occasion ask your attention first to the question, what constitutes the status of a profession. The word status is used simply to imply the present state of being, or the present condition as a whole. But, to comprehend the actual conditions and relations of any large class in society as a whole, it is necessary to analyze the interests of that body of men, and look at each factor in its separate relations, and then when they are united we will see more clearly and distinctly the actual conditions and relations of the whole. For our purposes it is sufficient to consider the status of the profession, as comprehending its social relations, its ethical spirit or morale, its co-operative or society organizations, its educational institutions, its legal relations and its scientific activity or spirit of investigation. In regard to the first of these I know of no reasonable ground of complaint. In this country the social standing of the members of our profession is everywhere precisely what the education and qualities of the individual member make them. There are yet no such established ranks, grades, or casts of society in this country as to distinctly assign the members of any profession or calling to a special social standing. And, everywhere, both in the city and country, the enlightened and gentlemanly physician is not only a welcome visitor at the fireside, and around the bed of sickness in all grades of human society from the highest officer of the land to the lowest,—from the most wealthy to the beggar,—but he is also freely received and awarded as high a seat of honor in all social assemblies, whether merely social, literary, scientific or otherwise, as the members of any other class in the community. In the rural districts, outside of large cities, the intelligent, educated practitioner of medicine is in most instances emphatically a leader of society, and is often looked up to, not only as a leader in social affairs, but as an adviser in reference

to all the educational, literary, and hygienic interests of the district in which he lives. The ignorant and the vulgar, however, who may have obtained in some way the title of "doctor," and admission to the ranks of the profession will not find the mere name of doctor to carry him into social life, or to give him a rank beyond that which his education, habits and manners entitle him.

In regard to the ethical spirit and moral tone of the profession in this country, I think it is not only equal to that of the members of the same profession in any of the other civilized countries of the world, but in many respects, it may be regarded as superior. Receiving but little protection or fostering care from legislation, often times, in fact, being obliged to maintain their professional relations, and standing in spite of adverse laws; it is probable that another equally numerous class of men cannot be found, who more rigidly and tenaciously adhere to those rules of an ethical nature, which are calculated to protect and sustain each other on the one hand, and still more effectually to protect the interests and welfare of their patients, upon the other, than is done by the profession in this country. The rule to strictiy avoid divulging the secrets derived from confidential intercourse with families and individual patients, the disposition as a general rule, of course, admitting of some exceptions, to foster and protect the interests of each other as members of the same profession, exist in a very marked and gratifying degreee, througout almost our entire country. I will go further than this, in expressing the opinion that throughout the entire ranks of the regular profession of medicine, there is that high moral or ethical tone, which, not only nominally frowns upon and discourages all immoral practices, or the encouragement of those criminal proceedings that grow out of the vicious conduct of members of the general community, bnt which really exerts a more powerfully restraining influence than any code of penal legislation could effect. In regard to the associate or society interests of the profession, there are a number of questions of great importance to its future welfare. And these questions, like those pertaining to the educational standing, cannot be fully appreciated in their present relations, or in their future tendencies without a retrospective study of the influences and forces which have brought society organizations into existence, and which have given them their present degree of development. It is hardly a century since medical societies, assuming the shape of permanent organizations, first came into existence. In our country it is less than one hundred and fifty years since the first limited and incipient organizations of the kind were brought into existence. The first state medical society organization, of which we have any account, is that of the Medical Society of the State of New Jersey in 1760. Some local organizations in cities had existed, prior to this. A few of these survived, and maintained their organizations through the "War for Independence," and a few were organized anew during the first twenty years after that war. But soon after the commencement of the present century, the work of organizing medical societies on a permanent basis in several of the original thirteen States of this Union was commenced and carried forward with considerable degree of rapidity. The most complete, perhaps, of these organizations, was that which was effected in New York State, largely under the guidance of Drs. John Stearns, of Saratoga, Alexander Sheldon, of Montgomery, and Asa Fitch, of Washington counties. The two first named were also members of the legislature of the State of New York, and in their work of devising a complete system of medical organization for that State, and procuring its adoption by the legislature, they were greatly aided by the Hon. Samuel W. Van Ess. The act of incorporation which embraced the organization of a State Medical Society, with auxiliary county societies in every county in the state, conferring both upon the state and county societies the duty of appointing boards of censors for the examination of candidates for admission into the profession, was passed by the Legislature of that state in April, 1806. Legally organized medical societies were formed in other states with such a degree of rapidity, that all the original thirteen states, except Pennsylvania, Virginia, and North Carolina, had more or less complete state and county organizations before the end of the next twenty-five years. And as new states were added from time to time, state and local medical societies were organized in them, accompanied usually by legislation, intended not to protect the profession, but to prevent the imposition upon the community practiced by ignorant and unskillful pretenders, in nearly all of the then existing States of the Union. A careful study of the laws which were enacted during all that period, embracing the first thirty years of the present century will show that while the legislative bodies were influenced almost solely by two leading motives, one to protect the people from the effects of ignorance and imposition, and the other to encourage genuine medical education as a means of benefitting the people at large, the physicians themselves were animated by an earnest desire to carry into effect the laws enacted for those purposes, and by two other leading motives. The first, and perhaps most powerful was the desire for mutual improvement in professional knowledge and practical skill. The second, a desire for more extended mutual acquaintance and personal intercourse.

These organizations produced all the beneficial effects that had been expected from them, and perhaps in no country at any period of time, has a more rapid degree of progress been made in the educational, social, and practical interests of a profession than took place during the first quarter of the present century in our own country. And nearly, or quite all the laws that had been enacted, either for incorporating medical societies, or defining what should constitute a proper education, also included provisions against irregular practice. As might have been anticipated in a free country where the utmost liberty is enjoyed for the pursuits of man, and for exercising choice individually in every relation and aspect of society, and where all legislative bodies are made elective by direct votes of the people, it did not require more than one or two decades of the existence

of the restraints that had been thrown upon the practice of imposition and every variety of ignorance, to develop combinations of those who were thus placed under disabilities, for the purpose of aiding each other in influencing the legislatures, or rather in influencing the voters, who were required to elect annually, members of the various legislative bodies. And, as in almost every age of the world, the cry of liberty, of individual freedom, of the right of every man to judge and act for himself, has exercised a charming influence over the masses of mankind, so, in the brief period intervening between 1820 and 1840, the rise and spread of what was known at that period of time as "Thompsonianism," (now Eclecticism,) in medicine, the advocates of which were soon recruited by the followers of Hahnemann, and all the various forms of imposition, by diligently urging upon the various legislative bodies and upon the people the idea that all the legal restraints which had been enacted solely for the protection of the people were only calculated to interfere with individual freedom of opinion and choice and to make the practice of legitimate medicine, a monopoly found little difficulty in securing the election of legislators, who succeeded in repealing almost all the clauses in the various laws and charters, that had exercised any restraint upon unlicensed practice. And, in proportion as this was done, more or less discouragement appears to have been felt by the supporters of medical organizations. The societies were less actively supported, and in many instances during the succeeding ten or fifteen years became practically absolete. So marked was this decline that from 1845 to 1850, instead of there being active working society organizations in nearly all of the states then existing in the union, sustained by large numbers of county and city medical societies, two-thirds of those previously organized had either discontinued stated meetings or held them with so small an attendance as to give them but little influence upon the profession at large. Should I stop here the impression would be made that the profession lost interest in the medical organizations simply because the laws had been so altered as to leave them without any exclusive privileges in regard to practice. This, however, while it had its influence was by no means the chief reason for this decline in the spirit of medical organization. As I have already remarked, in the granting of charters and enactment of laws, in almost every instance the legislative bodies had conferred upon the medical societies the power and enjoined the duty of their appointing and maintaining "Boards of Censors" for the special work of examining and determining the qualifications of applicants for admission into the profession: In all these instances a fee was charged for the examination and license. And, at the commencement of these organizations, during the first decade of the present century, almost the entire body of men who entered the profession annually entered through examination by some one of these "Boards of Censors." Consequently the fees derived from these examinations constituted to a very large degree the fund relied upon for defraying the expenses of the organizations, and the publication of their transactions. And, with few exceptions, in granting charters for medical schools in the different states, these schools were also endowed with the privilege of examining and granting diplomas to such of their students as complied with certain regulations, and these diplomas became equally a license to practice. While from 1800 to 1806 there were only three medical schools in active operation in the then existing states, namely: one in Philadelphia, one in New York, and one in Boston, the entire number of students in these schools did not exceed, annually, three hundred, and of these not more than fifteen annually received diplomas as college graduates. But so rapid was the multiplication of colleges, and so much was the student drawn from the office of the private preceptor to the college halls that before the middle of the century (1850), more than forty medical schools had been established, and the number of students annually attending was over 4,500, and the number of graduates thirteen hundred. This rapid transference of the application for legal admission into the profession from the censors of the several societies, State and local, to the medical schools exerted a powerful influence, coincidently, with the other influences that I have already indicated in causing such societies to decline in their efficiency and activity throughout nearly the entire country. Where they maintained an existence the members attending were comparatively few. In the great State of New York, for instance, it was rare that more than from forty to fifty members gathered at the regular annual meetings of the State society.

The rapid multiplication of medical schools during the period to which I have alluded, and the transference of applications, for admission to the profession, from the medical organizations to the colleges, thus practically making the college diploma the chief and popular evidence of education and admission to the profession, had not only caused a decline of the interest manifested in the medical societies, but it had also exerted a very material bearing upon the organization of the colleges themselves, by placing a direct barrier in the way of allowing their competition and rivalry to be based entirely upon the question of which should present the most perfect and extended facilities for acquiring an education, in the form of another question, which experience has shown to be far more powerful in its influence, both upon the students and the colleges, namely, at which college can the student obtain his diploma that is to be his license to enter the profession, with the least expenditure of time and money? The influence that this question had upon the schools, as they multiplied, is seen by a glance at the organization and requirements of the first colleges established in the country, and comparing them with the organization and requirements for a diploma fifty years subsequently, when the numbers had increased from two to between forty and fifty. The first college organization in the colonies of which the Pennsylvania University is still the representative, required for admission a full and fair standard of general education, including a knowledge of the classics, Greek and Latin, and all that was then known of the natural and physical sciences, and although the field of medical knowledge at that

time was hardly more than one-third of what it is at present, the college term was made full six months of the year, and the student was required to attend faithfully from two to three full years to obtain the primary or bachelor's degree, and could not obtain the title of "Doctor of Medicine" until he added from one to two years more—making a curriculum of study, period of time to carry it out, and period of active teaching in the college, hardly inferior to that which is demanded at the present time by, perhaps, half a dozen of the most advanced colleges in the country. But just so fast as colleges were multiplied, either in the same city or in neighboring cities, and the advantages of college instruction became more and more apparent, and the influence of medical society organizations, and the demand for higher education, just in the same proportion, was there a steady contraction of the annual college term, a diminution of preliminary requirements needed to enter college until at the end of the period we have under consideration, between 1840 and 1850, among all the forty or more colleges then existing, not one of them required of the student any standard of preliminary education, and the longest lecture terms were embraced in sixteen weeks of the year, while in several of them it was reduced to thirteen weeks, in which the student was to go over the whole field of medical science. The influence of this question as to where the student could get his diploma with the least expenditure of time and money, instead of where he could obtain the highest degree of medical education within a limited time, in deteriorating the educational standard of the profession, was so prominent as to attract the attention of many of the most eminent men in the profession at that period of time. Consequently it became a subject of active discussion in the medical society of South Carolina in 1835; and only a little later in the medical society of Ohio, and frequently in the medical journals of that period. Some of the most vivid pictures of the evil effects that had been produced, are to be found in the writings of that eminent man of the Mississippi Valley, Dr. Daniel Drake. About the same time the subject engaged the active attention of the medical society of New York, in which it received the full consideration of a special committee consisting of Drs. J. R. Manly, J. B. Beck, and John McCall, a trio of noble men, whose report in the transactions of that society may still be referred to with profit.

It was the renewal of the discussion of this subject in the meetings of the "New York State Medical Society" in 1844-5, that led to the assembling of a convention with which you are all familiar, in the city of New York, in May, 1846, which convention, though composed of only a little more than seventy delegates, nevertheless represented a majority of the States in the Union, and took all the necessary preliminary measures such as the appointment of committees, and the laying out of a full scheme for a permanent national organization, which had its completion in the establishment of the American Medical Association at an adjourned meeting in Philadelphia the following year.

The completion of the organization of the American Medical Association in 1847 on a representative basis, with the permanently organized State and local medical societies for its chief constituency, thereby inviting delegates from the various medical societies and organized institutions in medicine throughout the whole United States, very speedily developed so active a spirit for reviving old State and local societies, and the organization of new ones where none had before existed, that in less than twenty years there was hardly a State or Territory in our widely extended country that had not its medical societies again in more or less active operation.

The active interest in medical organizations thus rekindled has been maintained to the present time, and by holding the meetings of the national organization in various parts of the country from under the shade of the monument on Bunker Hill at the east, to the borders of the "Golden Gate" upon the Pacific; from the beautiful city upon the upper Mississippi almost upon the hydrographical axis of this great continent, to the Crescent City resting upon the Gulf, the members of the profession have been made socially acquainted with each other, geographically acquainted with every part of our country, until a spirit of just emulation, professional pride, and what is still more valuable, a spirit of investigation and zeal for the advancement of medical science throughout all ranks of the profession has reached a point higher than it has before attained at any period of time, and perhaps higher than it has attained in any country by means of purely voluntary organizations without the support of law. If I were to stop at this point the impression would be left that the present status of our professional organizations is, in a high degree, satisfactory. And so far as regards their social influence upon the profession, and the promotion of intercourse and acquaintance of the members in one section of the country with those of another, they are fulfilling their purpose as well as could be desired. But they are nevertheless defective, both in regard to the completeness and extent of the organizations, and in their practical working as professional and scientific bodies. For, while it is true, as I have before stated, that almost every State and Territory, and a large proportion of the counties and districts have organized medical societies more or less active in their work, yet these organizations embrace only a part, and in some instances only a minor part of those recognized as educated practitioners in their various States and localities. It would be productive of great good if methods could be devised by which these organizations would be made to embrace more nearly the entire body of practitioners in every locality where they exist. It would not only enhance their value by the acquaintance of their members, but it would bring about a more united and harmonious condition of the profession in every State, so that the voice of the profession, as indicated by the action of these organizations, would have greatly increased force, both upon the profession itself, upon the community in general, and especially upon the legislative bodies, in any direction in which laws were desirable for the protection of the public

health, or for the promotion of scientific investigations. Another defect is the want of sufficient method in the mode of cultivating the scientific interests of these associations.

Almost universally, up to within the last four or five years, reliance has been placed upon the reception at the various meetings of reports from committees generally appointed to report upon particular topics, or particular branches of medicine, and upon volunteer communications. Very little attention has been given to the planning of definite lines of inquiry, either by individuals, to be carried on in original investigations, or by the coöperation of many members of the society in different places keeping records of facts arising under their observation coincidently with records derived from other scientific sources, and the report of these facts annually to such committees as would give them the necessary analysis, comparison, and deduction. And, yet, this is the only way by which the data can be obtained for real advancement in several of the most important departments of medical science. Papers that are presented by individuals, embodying cases coming under personal observation, and the results of personal experience are valuable. The reports of committees appointed to report, for instance, upon a department of medical science, whether it be in surgery, practical medicine, or materia-medica, are also of more or less value. But, as experience has shown, they are necessarily made up largely, by compilations of facts already in the medical periodicals, or if derived directly from correspondence with practioners, they are given without the coincident knowledge of the topography and meteorological conditions, or of those circumstances which must necessarily go with the facts in relation to the prevalence of disease, to enable us to compare results in one locality with those in another.

It is this want of definite, well-devised plans of original investigation and inquiry on the one hand, and of well planned coöperative observations on the other, that has led many of the wisest and most learned among us, to think that all our medical organizations, whether State or national, amount to little more than a means of making professional acquaintance, enjoying annual seasons of social intercourse with each other, highly gratifying in their nature, but accomplishing little in the advancement of medical science. There is another element, also, which has been developed during the rapid revival of medical organizations throughout the country, which begins to develop effects clearly to be distinguished. I allude to the rapid increase of specialties in medicine. At the time of the organization of the American Medical Association in 1846-7, the number of specialties in the profession was very limited. They have always existed in some degree; but they existed up to that time almost entirely as a natural outgrowth in particular individuals from the circumstances that surrounded them; and, it was exceedingly rare in this country, and comparatively so in Europe, that individuals, at the commencement of their professional career, entered at once upon a special field of practice. Much less was it at all common for those commencing the study of medicine to carry on their studies with the idea of simply qualifying themselves for the practice of such particular branch of it as might be thought most available.

But, with the rapid multiplication of medical schools, to which I have already alluded; with the equally rapid transference of the functions that had hitherto been performed by independent boards of examiners to the medical colleges, by making the college diploma the license to practice, there came rapidly into existence the idea of pursuing limited fields of study, and still more limited fields of practice. And from the general division that had long existed, and necessarily must exist, of general practioners, surgeons and obstetricians, we began to have those who limited themselves to the study and the practice of special departments, until in the brief period of less than fifty years we have specialties for almost every part or region of the human body. Just in proportion as these special interests were developed, there became manifest a restless desire for privileges to advertise these specialties more liberally than the general "code of ethics" which had been adopted by the American Medical Association, would permit. And it was in reference to this subject that our national medical organization developed its first controversies in regard to the provisions of that code. And all who can recall the earlier years of the Association, will remember the warm and sometimes exciting debates that sprang up at different meetings, and the persistent efforts of those who had taken up special lines of practice, to make such alterations in the code as would give them greater privilege of advertising. It was not until at the meeting of 1869, after the subject, which had been referred to a well selected committee, had been considered during a whole year and reported upon—the report ending in a definite series of resolutions defining the relations of specialties in this particular, and also the relations to general practice, which was adopted by so unanimous a vote of the Association that the efforts in that direction were set at rest. And although all effort in that direction ceased to be manifested in the meetings of the Association, there was still a manifest disposition growing out of similar influences to bring about, under other names, some alterations in the code; and which resulted a few years later in its being referred to the judicial council with instructions to give it a careful revision. This was done and the report from that council, after consulting with large numbers of leading members of the profession as to any alterations that could be suggested, distinctly recommended that the code be allowed to remain unchanged; which report of the council was sustained by a unanimous vote of the Association.

In proportion as it became evident that no concessions in this direction could be obtained through the national organization, it also became apparent that these restless classes were taking less interest in the general organization, and inclining to the formation of societies of their own. This disintegrating influence has continued to increase until we have general and local organizations, distinct from either the State or national societies, representing not only ev-

ery specialty worthy of mention, but also some having no well defined purpose. And instead of those who are engaged in the various special departments coming up annually to the one great national body and thereby maintaining their intercourse, identifying their interests with the interests of the whole profession, and carrying on their special work as *sections* of the general organization, they have become, in a great degree, separated into distinct and independent organizations. And their publications instead of constituting a part of the transactions of the national association and of the State societies, have come to constitute volumes by themselves. We have thus lost in some measure the unity of our professional organization, and in the same proportion we have come to perceive clearly the existence of diverse, if not directly antagonistic interests. So much so, indeed, that it has become quite common to hear the interests of the general practitioner and the wants of the specialist spoken of as essentially distinct. And a large proportion of the people have come to regard in nearly the same light, the different special forms of practice and the different systems or sects in medicine, thereby directly helping to obscure in the public mind the line of distinction between the great body of supporters of scientific medicine and the various factions, isms, and excresences that hang upon its skirts. I must not be understood as being opposed to the practice of special departments in our profession. On the contrary they grow naturally out of the extent of the field of medicine, the wants of society, the limited duration of human life, and the limited extent to which human acquirements can be attained. But while this is all true, there is still plainly visible a tendency to excess in the development of special departments entirely beyond any wants of society, or any necessities in the field of medical inquiry, and it is the excess to which I call attention. It is perfectly compatible with the highest development of specialties that they be founded upon a full general field of education, and be allowed to develop in the individual after he enters upon his field of practice in accordance with his own special tastes and of the circumstances that surround him in that field. This is equally compatible with the maintenance of the general integrity and unity of the profession, not only in its feelings of interest, but in all its organization. And the subject is worthy of the most careful consideration, especially of those who are connected more or less with the medical press of the country, who by controlling the reading matter will thereby influence very much the opinions, and consequently the progress of the further organizations of the profession. All who are thus engaged should study carefully the past progress and the present influences which are at work, and while encouraging all legitimate branches of inquiry and of practice, they should repress with equal care the excesses, and the tendency to make these excesses disintegrative influences instead of elements co-operating with that harmonious unity which constitutes strength.

These defects in our organizations, namely the tendency to disintegrate through special interests and influences on the one hand, the absence of clear, definite, well-considered plans or lines of inquiry and schemes of original investigation on the other, can all be remedied if their extent is fully appreciated and the medical press will exert its legitimate influence in keeping both the extent of the defects and a temperate consideration of the best means for remedying them, steadily before the minds of their readers. So far as regards advancement in the line of co-operative observations and carefully planned lines of investigation, the American Medical Association has already made a beginning. During the last four years there has been steadily developing under the guidance of a standing committee, furnished with a small appropriation of funds, coincident observations and records in regard to appreciable meteorological conditions, including the ozonic and oxydizing agents of the atmosphere, and during the last year, including also the organic constituents, in direct connection with coincident observations and records in regard to attacks of acute diseases. And the progress made thus far, as will appear from the report of that committee during the present session of the Association, will give full promise of most valuable results. But such inquiries should be greatly extended and in some instances, should bring into co-operative action both national and State organizations.

But I must hasten from the consideration of this subject to a few further thoughts in regard to the educational status of the profession. From what I have already said in regard to the organization of schools, it will be seen that we have undergone in this country a complete revolution, in the mode of educating members of the profession during the last one hundred years. Prior to and extending into the first quarter of the present century, the young man intending to become a member of the profession, sought the office of some practitioner generally above mediocrity in his attainments and reputation, and became indentured for a term of years as a regular apprenticed student of medicine. And as a general rule, the student thus indentured was expected to continue in the employ of his preceptor, a period of from four to seven years, during which he gained his medical knowledge by the study of the preceptor's library, aided by the direct personal instruction of the preceptor himself, with such other limited means of illustration as could be commanded in the office of the ordinary practitioner. When he had passed to the last one or two years of his indenture period of study, and had mastered so far as he was capable, from his own efforts, and from the personal teaching of his preceptor, the more elementary branches of medicine, he was allowed to do minor work in surgery, prescribing for and dressing office patients, occasionally to visit the sick, frequently with his preceptor, and thus became familiar with disease clinically. The student thus served a direct apprenticeship in study and to some extent in practice, usually entering upon his field by himself, simply on the authority of a letter of recommendation and certificate of acquirements given him by his preceptor. It is in this way, that some of the most renowned men whose names appear upon the pages of medical literature gained

their education. It is true, at that period of time, it was generally thought necessary that a young man applying for admission to a preceptor's office should have a fair general education. Many of the best teachers would not take students until they had more or less of a classical education. Some were taken for long periods, seven years for example, and were required to devote the first two years of the seven to the study of the general branches of science as a preparation for taking up those of medicine proper. But as the field of medical knowledge was rapidly extending at that period of time, especially in the department of anatomy, physiology, organic chemistry, etc., the means for their successful study and illustration, could not be well provided in the office of a private preceptor. It was this that first suggested the idea of establishing separate rooms, and gathering means for illustrating those departments needing further illustration, in classes. And in the cities and large towns there came thus to be special classes of students, and special rooms in which to receive such parts of their instruction as needed illustration. And from this it was an easy step to the organization of a medical school by the union of several preceptors in the same enterprise. The medical schools coming into existence through such influences, as was the case both in Europe and in this country, their purpose was not to give a complete education, but to review the different fields of study, more especially for the purpose of teaching that department in each field, requiring special illustration. Hence the first idea of a medical college was not an institution for giving a student his full education, but simply to supplement the knowledge and education that he was still supposed to get in the office of his preceptor. And it only requires a glance at the history and progress of the first schools in America, which were organized in Philadelphia, New York and Boston, to see this relation fully presented, both, in the organization of the schools, and in the arguments and circulars that were used for attracting the attention of the profession to them. Hence, the medical school in its organization differed from the schools to teach other sciences, in being organized only to occupy a part of each year; the student being supposed to get all the details of his professional knowledge still in the office and library of his preceptor. The student while going to the college for more perfect knowledge in particular departments of study, still relied upon the certificate of his preceptor as his warrant for entering upon practice. Starting at this point as institutions only for supplementing the instruction of the private preceptor, to occupy only a limited portion of each year, they still in their incipient beginnings, insisted that a student to be admitted to these schools, should have a broad preliminary education.

Now, during the next forty years the schools rapidly multiplied—causing an active rivalry in competing for patronage as indicated simply by the number of students in attendance, regardless of the standards of attainment either in general or professional knowledge—until instead of supplementing the work of the private preceptor they came to occupy practically the whole field of professional education, as I have already shown while speaking of the early progress of medical organizations. In the same connection I also pointed out clearly *how* it came that while the colleges were rapidly absorbing the whole work of professionally educating the student, their annual college terms were steadily shortening and their standards of requirement lowering instead of increasing both, *pari pasu*, with the increase in the extent of their work, and the rapidly extending boundaries of medical science. I have shown that this anomaly in educational progress was so plainly the result of investing the college diploma with the attributes of a license to practice, while the colleges were at the same time dependent entirely upon the income from students for their support, that the agitation for a remedy led directly to the establishment of the American Medical Association, and through it, to the general revival of medical society organizations throughout the whole country, most of which are purely voluntary organizations having no legal status. It has appeared from the same review of the past, that during the first twenty-five years of our national existence, laws were enacted in nearly all the then existing States designed to protect the people from the impositions of ignorant and designing men claiming power to heal the sick, by prohibiting unlicensed practice, etc.; but which were nearly all repealed or so amended as to render them inoperative during the next thirty years by means of the popular prejudicies and false representations attendant upon the rise and spread of Thompsonianism and homœopathy; the one playing upon the mind of the masses with all the power of bold and ignorant empiricism, and the other captivating the credulous tendencies of the more fashionable circles by a mystic transendentalism inclosed in sugar pellets. The first has died a natural death, leaving a sickly offspring bearing the name of *eclectics*, while the second, like some medicines, retains its name as a "trade mark," and its organization for political influence, while its once transcendental vagaries have long since practically ceased to exert an influence over the treatment of disease. It will be seen from the foregoing brief glances at the past, that the profession in this country has already passed through three distinct epochs or stages of progress, and is now entering upon the fourth. The first may be called the period of apprenticeship in education and the incipient organization of medical societies and medical colleges, with laws founded solely on the idea of protecting the community on the one hand, and of fostering education on the other. The second was the period of transition, during which medical colleges were most rapidly multiplied and the education of medical students was transferred from the private preceptors to the schools, carrying with it substantially the substitution of the college diploma for the license of the independent examining boards, and in its latter part distinguished by the advent of Thompsonianism and homœopathy, as organized forces widely diverse in their characteristics, but united in their work of denouncing regular medicine and in procuring the repeal of nearly all the legal restrictions placed upon the unlicensed practice of medicine. The third period extending from 1845 to 1870 is one

in which the profession finding its educational interests practically transferred to forty or fifty colleges acting under charters obtained from separate legislative bodies, each dependent for support on the *number* of students it could attract; its legally organized societies deprived of nearly all that was valuable in the previously existing laws, sought protection for itself by a more extended combination of interests, and a more general union and harmony of action in the foundation and development of a national organization which, by its representative character, should give emphasis and force to its recommendations; and by equally fostering a more complete voluntary organization of the profession in every State, county and city in the whole country.

During all these periods the different departments of medical science had been rapidly advancing, and entirely new departments were being added; and during the latter, especially, the division of the general practical departments into limited fields of practice called specialties, took place almost as rapidly as the increase in the number ot medical schools. The great defect in the practical working of this third epoch of our history, which may be properly called the period of voluntary organization and national union without the support of legal forms or legislative enactments, was the absence of any adequate medium through which the voice of the great central and representative body could be readily and reliably transmitted, either to the profession at large, to its organized constituents in the several State and local societies, or even to its own members. Meeting once a year, and depending mainly on general reports and volunteer papers for its scientific interest, and on the voluntary publication of abstracts of its proceedings once in the general medical press and the scanty distribution of its annual volume of transactions, for its moral or ethical and educational influences, it is not surprising that it should have failed to accomplish all that its more earnest supporters had hoped. And yet the careful student of history will be surprised to find that, with all these defects, the united organizations, State and national, have still exerted a great influence in devising and enforcing a uniform and high standard of ethics; in greatly increasing the general spirit of investigation; in pushing the demand for a higher standard of education so far as to induce a considerable number of the best class of medical colleges, especially those constituting departments of well established universities, to actually adopt a more systematic and comprehensive system of instruction, in spite of the strong opposing forces of a pecuniary nature, and the length of time they have not only maintained, but steadily increased their number and influence.

Having fairly entered upon the fourth era of our professional history our present status may be briefly expressed in the following propositions or general statements: First, the profession consists of an important, I may say essential, class of human society, numbering 60,000 or 70,000 persons, more or less educated, and engaged in the noble work of alleviating human suffering, by fostering every sanitary measure calculated to prevent disease, and culling from every field of nature the means for combatting disease when not prevented, and as a whole animated by a high moral tone, and an active spirit of social and scientific progress. Second, this great class of society is pervaded and unified by voluntary society organizations for the mutual improvement of its members and the advancement of all its important interests, in a very large proportion of the cities, counties, and States, all centering in one representative national organization—the American Medical Association—constituting the frame-work of an organization, which, if completed by the filling of its gaps and the extension of its membership, and voiced by an efficient and frequent medium of communication, both with its own membership and with the profession at home and abroad, would in its influence be well-nigh irresistible. And yet for the want of this filling up of the ranks and the absence of the medium for efficiently voicing its doings and utterances its influence is not only limited, but the disintegrating forces I have already pointed out, are making visible progress. Third, not only is the education of the profession in the hands of 60 or 70 independent medical schools, but the influence of their rivalry is still perverted by the recognition of their diplomas as equivalent to a license to practice. And while a few have yielded to the demand for more extended college courses, graded curriculums with annual examination in progress, far the larger number still adhere to four and five months repetitional courses of instruction annually, with only the one examination at the close, and while making a show of enlargement by preliminary lectures and short spring courses which the students may attend or not as they please, each carefully avoids any positive increase in the actual requirements for graduation through fear that its rivals will not do the same. Fourth, the long absence of any adequate laws for protecting the people from the impositions of ignorant and unprincipled medical pretenders, and the increased attention given to the sanitary interests of communities, have again awakened the attention of legislative bodies and are developing a strong tendency to once more enter upon the enactment of laws for enforcing sanitary improvements on the one hand, and the ensuring of a higher standard of attainments on the part of those who shall be permitted to enter upon the practice of medicine, on the other. This tendency is manifested in the establishment of national and State boards of health, and in legislative acts for regulating the practice of medicine in several of the States. It is this revival of legislative tendencies which constitutes one of the most interesting features in the present status of our profession, and is rapidly developing changes of the highest importance both to the profession and to the people. And on the final outcome of these changes will depend the status of the profession for the next fifty years. The fact that the great advancement in all departments of medical science and practice, and the complete transferrence of the work of education from the preceptor's office to the schools, is imperiously demanding a corresponding advance in grading and extending the curriculums, and adding to the actual requirements of those institutions, is

clearly perceived both by the profession and the people. That the highest interests of human society require the adoption and enforcement of such regulations as will ultimately insure a fair standard of education and mental discipline before entering upon the study of medicine, and more efficient methods of enforcing a fair standard of professional attainment before receiving a license to practice, is equally apparent to all.

To attain these important ends is pre-eminently the work of the present epoch of our history. To accomplish this work in its fullness four things are necessary: First, a legal and reasonably uniform definition of what shall constitute the minimum amount of general education that shall be required to fit the student to enter upon the broad and intricate field of medical studies. Second, a similar legal definition of what shall constitute the minimum amount of time required for strictly professional studies, how much of it must be spent in medical colleges and hospitals, and the minimum standard of professional attainment to be required as a condition for receiving a license to practice. Third, the establishment in each State of a competent, reasonably stable, and impartial tribunal which shall determine by actual examinations and other proper tests, when these standards, both of preliminary and professional attainments have been complied with; and a certificate from which, shall be necessary before commencing medical study, and license before admission to practice any department of medicine. Fourth, the steady increase, both in filling up, extending, harmonizing the society organizations of the whole country by which they shall more fully bind all together in one representative national organization, thereby preserving the high moral tone so long embodied in our national code of ethics, facilitating co-operative investigations in the advancement of scientific knowledge and that frequent intercourse which breaks our local prejudices, broadens our patriotism, enlarges the field of our mental vision and makes us happier individuals and more skillful physicians. To accomplish the first three of these objects requires the most considerate and wisely planned legislation in each of the States in this great Union. And the time has fully come when those I more especially address on this occasion connected with the medical press should enter carefully upon a temperate, candid, and liberal discussion of these important topics. Let us avoid all personalities and local prejudices, by so studying the history of the past that we realize the important historic truth, that all great changes in human progress, whether forward or backward, are the result of laws and forces that govern alike the workings of the human mind and the evolutions of human society. Then we shall more readily look beyond the motives of individuals to the social factors which may have occasioned the motives to exist. I am not sure but the time is already at hand when the American Medical Association should appoint a well-chosen committee, charged with the duty of devising some uniform scheme or plan of legal methods for making the definitions and establishing the examining tribunals to which I have just alluded, that they might be submitted to the several State societies, and when well matured, by them submitted to the several State legislatures. Such a course started now coincident with the revival of the disposition to legislate on medical matters, and pursued with both wisdom and patience, might result in the more speedy adoption of judicious and reasonably uniform laws in relation to the important subjects of medical education and practice throughout the whole country, than many of us would expect. But whether speedy or slow, it would be doing our legitimate part of a work demanded by the highest interests of human society. For want of such timely action and discussion, already we see several imperfect and incongruous enactments, establishing State boards to grant licenses to practice, not founded on any defined standard of attainments, either literary or medical, but on the presentation of a diploma granted by some incorporated medical school or college, whether labeled with some special trade-mark or not, and without any adequate means of determining whether the diploma was granted simply on the reception of a specified sum of money without the recipient ever having seen the inside of the college granting it, or after an attendance during the ordinary term of a nine months' gestation and the form of an examination. Consequently we see all sorts of medical pretenders, and young men and women in all stages of education, equally clothed with a *legal* license to practice by the very board which had been created for the purpose of elevating the standard of medical attainments for the benefit of the country at large. But the absurdities of this well intended, though unwisely devised legistion do not stop here. No sooner does the State Board fairly begin to clothe the offshoots of every *pathy* and *ism*—that hang as excrescenses upon the skirts of true medical science, with formal legal license to practice medicine, than certain other restless disintegrating elements inside of the profession, begin to put in the plausible plea that whatever the law *licenses* the profession should recognize, by changing some of its most sacred ethical rules, and open the way for the educated physician to meet on a common platform, the mountebank clothed in Indian costume and blowing the fame of his herbs on a tin horn through the streets, or the scion of transcendentalism labeled with a trade-mark indcating the universality of the law of *similars;* thereby speedily making the sickroom again the scene of collisions and quarrels, as disgraceful as any described by a Stearns or a Drake half a century since. It may be necessary, however, that some of these glaringly absurd results of incongruous acts of legislation should be experienced as stepping-stones to something better. For there are many restless, disturbing elements in all classes of society which can only be controlled by allowing them to practically *feel* the evils of their schemes. But the accomplishment of the fourth object I have named rests not on legislative enactments, but upon the action of the profession alone. I allude to the maintenance, extension, and ultimate completion of our local, state and national organizations, under one harmonious and co-operative system which shall continue to unify, elevate and advance all the social, ethical and scientific interests of the pro-

fession; and conseqnently promote in the highest degree the welfare of all classes in the community. Does the profession at this time contain those elements of wisdom, moderation and perseverance, necessary for effectually opposing all the disintegrating and iconoclastic elements that I have pointed out in the earlier part of this address, and steadily advancing on every line, State and national, until the victory is sure? Or shall the work of disintegration, so boldly begun in New York, extend its baneful influence until social anarchy again holds sway over the whole profession? These questions are worthy of the most careful consideration of every friend of medical science and progress. After almost half a century of active mingling with my professional brethren in every part of our great country, and a careful study of its history, with all the elements and forces calculated to influence its progress in the midst of our free political forms of government, I am satisfied that the first of these questions can be answered in the affirmative and the second in the negative. Measures are already rapidly maturing which will render the present social upheavals and imperfect attempts at legislation only the precursors of an awakening to wiser and more active work in the right direction, and consequently of hastening results of the most beneficial character. With a platform which requires us to study man in all his aspects of health and disease, and to seek remedies for his relief in every field of nature aided by every human science, to apply them on any principle and in any quantity that an enlightened judgement may dictate as most beneficial to our patients, and to cordially extend the right hand of fellowship to all who rally upon it under the banner with the single inscription "Doctor of Medicine"—but to sternly discard all who would mar the significance and beauty of that inscription by qualifying it with the addition of an *ic*, or *ism*, or *pathy*—our noble profession will continue to uphold its own dignity and honor, and to extend more and yet more its blessings alike to the rich and the poor, the learned and unlearned, as long as disease and death continue to afflict the great family of man.

JOURNALISM DEVOTED TO THE PROMOTION AND CONCENTRATION OF MEDICAL AND SURGICAL SCIENCE.

BY HENRY Q. MARCY, A. M., M. D.

Read to the American Association of Medical Editors, June 5th, 1883.

It is scarcely more than two decades since the late surgeon George A. Otis, whose great work, "The Surgical History of the War of the Rebellion," has won for its author imperishable honor, advised us as his pupil even at the beginning of medical study, to devote a certain portion of each day in the discharge of the duties of curator of a natural history collection.

This he did with the statement that the medical man needed a side issue for his superfluous energies. The late Dr. A. A. Gould, of Boston, who was one of the wisest clinical instructors, it has been our fortune to meet and ever in demand at the bed-side of the rich and the poor alike, found time in the midst of his busy career to give attention to natural science, with certain branches of which his name will ever be connected as one of the brightest stars in the galaxy of American scientists. Our venerable friend Dr. D. H. Storer, of Boston, now in his eightieth year and still mentally the peer of the best, has had a clinical career of over half a century, which challenges comparison with any of this generation, and yet, he has written four large volumes upon the fishes of Massachusetts, a standard work, and of a classical value second only to that of the great Agassiz himself.

Little more than a century ago the illustrious Haller was professor of botany, physiology, anatomy, obstetrics and surgery, a whole medical faculty himself, and yet devoted some hours daily to the writing of his Bibliothēke of Medicine. What does the lesson of these periods and lines teach? Not only a superior ability, wisdom, knowledge and judgment, but as we all know as compared with the requirements of to-day, that the rapid advances of the cycling years have brought with them new demands, new fields of investigation and an unexampled progress.

The border lines of our knowledge have steadily and rapidly widened, until the devotee of the science of medicine, no matter how diligent and learned, ceases to hope for more than a general knowledge of its diversified factors and confines himself with ambitious purpose to some one or more of its subdivisions.

The Darwinian doctrine of development holds good in the evolution of all the sciences, to which medicine is no exception, and the specialist of to-day in law, in theology, in natural sciences in their manifold application to the arts, as well as in medicine, is the legitimate fruitage of the age in which we live. From this standpoint it is well briefly to review the literature of medicine. Thanks to the one man of America, the par-excellence specialist above all others in this bibliothecal field of labor in his generation, Dr. Billings, of Washington, this is comparatively an easy task. We turn with ever increasing admiration to the ponderous folios of Haller, of Margagni, of Sydenham, of Harvey, of Hunter and others of the old masters, men who laid deep the foundations of medical lore, whose observations have long ago been appropriated to the current stock which finds place in every text book of to-day.

Individuality is thus early lost for the most part in the ever-turning Kaleidoscopic pattern, the old facts are re-arranged, old grists re-ground in new mills and the product stamped "patent" until it is a wise father who knoweth his own mental progeny. From Dr. Billings' most interesting and instructive address delivered before the International Medical Congress in London, 1881, we learn that it is usually estimated that about one-thirtieth part of the whole mass of the world's literature belongs to medicine and its allied sciencies. Thus it appears that our medical literature now forms a little over one hundred and twenty

thousand volumes, properly so-called, and about twice that number of pamphlets, and that this accumulation is still increasing at the rate of about fifteen hundred volumes and twenty-five hundred pamphlets yearly. There are, by estimate, about two hundred thousand trained medical practitioners scattered over the earth, and one-half of the number belong to America and Great Britain and her colonies; of these about one in twenty are producers or contributors to medical literature.

The special characteristics of the literature of the present day are largely due to journals and transactions, and this is particularly true in medicine. Our periodicals contain the most recent observations, the most original matter, and are the truest representations of the living thought of the day, and of the tasks and wants of the great mass of the medical profession, a large part of whom, in fact, read very little else. They form about one-half of the current medical literature, and in the year 1879 amounted to 655 volumes, of which the United States produced 156; Germany, 129; France, 122; Great Britain, 54; Italy, 65; and Spain 24. This is exclusive of journals of pharmacy, dentistry, etc., and of journals devoted to medical sects and isms. It will be seen that at present more of this class of literature appears in the English language than in any other, and that the number of journal contributions is greatest in the United States. A marked increase has occurred in the literature of hygiene during the last two years, and this especially in England, France, Germany and the United States. The literature of diseases of the nervous system, of opthalmology, otology, dermatology and gynæology is also increasing more rapidly than that of the more general branches.

The increase in both the amount and value of the literature of the several specialties in medicine is readily seen by a comparison of recent catalogue and bibliographies with those of twenty or thirty years ago, and this increase still continues at a greater rate than prevails in the more general branches. There are great differences of opinion as to the relative value of this increase and as to its future effect upon the profession, but there can be no doubt as to the fact. There must be specialties and specialists in medicine, and the results will be both good and evil; but the evils fall largely upon those specialists who have an insufficient general education; who attempt to construct the pyramid of their knowledge with the small end as a foundation. It has been said by Dr. Hodgen that "in medicine a specialist should be a skilled physician and something more, but that he is often something else—and something less."

"It is by the labor of specialists that many of the new channels for thought and research have been opened, and if the flood has sometimes seemed to spread too far, and to lose itself in shallow and sandy places, it has nevertheless tended to fertilize them in the end." In pursuance of the thought of journalism and its influence upon special departments of our science, I quote from tables given by Dr. Billings, showing the number of volumes of medical journals and transactions published during the years 1879 and 1880.

TABLE I.

Subjects.	Journals and Transactions.	Total.		United States.		Great Britain and her Colonies.	
		1879.	1880.	1879.	1880.	1879.	1880.
General and Miscellaneous Practical Medicine	Journals	336	335	75	83	26	26
	Transactions	169	151	56	54	11	12
Anatomy, Physiology, Morphology, Biology.	Journals	26	27	.....	.....	4	4
	Transactions	5	3	1	1	.....	.....
Diseases of Nervous System and Insanity	Journals	17	21	3	5	4	4
	Transactions	1	.....	.....	.....	.....	.....
Surgery	Journals	3	4	.....	1	.....	.....
	Transactions	2	2	.....	.....	.....	.....
Ophthalmology.	Journals	19	20	1	1	1	2
	Transactions	2	1	.....	.....	.....	.....
Skin Diseases	Journals	5	5	1	1	1	1
	Transactions	1	1	1	1	.....	.....
Otology	Journals	6	6	2	2	.....	.....
	Transactions	1	.....	1	.....	.....	.....
Gynæcology and Obstetries	Journals	18	20	2	2	1	1
	Transactions	5	2	3	1	2	1
Hygiene and Jurisprudence.	Journals	36	40	6	6	2	3
	Transactions	13	13	3	3	2	4
Pharmacy and Medical Chemistry	Journals	53	54	7	9	7	6
	Transactions	8	4	4	3	.....	.....
Dentistry	Journals	10	15	6	10	.....	.....
	Transactions	.....	.....	.....	.....	.....	.....
Homœopathy	Journals	33	36	12	16	4	4
	Transactions	5	4	3	3	.....	.....
Eclectic, Botanic Physico-Medical	Journals	11	13	11	13	.....	.....
	Transactions	2	2	2	2	.....	.....
Popular Advertising Mineral Waters	Journals	35	33	8	10	4	4
	Transactions	1	1	.....	.....	.....	.....
Veterinary	Jonrnals	27	29	1	3	3	3
	Transactions	.....	.....	.....	.....	.....	.....
Laryngology	Journals	.....	2	.....	1	.....	.....
	Transactions	.....	1	.....	1	.....	.....
Total	Journals	635	680	135	163	57	58
	Transactions	215	184	74	69	15	17

Thus we have many workers in many fields of labor. Something of the astonishing magnitude of the result accomplished is apparent as we turn the closely-printed pages of the Index Medicus in its monthly visitation to our tables. This latest outcome of specialistic journalism is the greatest marvel of them all. He who has or thinks he has a new inspiration will do well to examine carefully its pages and see if his own thoughts have not been better expressed by another, and thus save himself the mortification and chagrin of being shown up by some merciless reviewer as having purloined the original observations of Dr. Smith, or mutilated the wiser teachings of Mr. Jones. He who seeks to know further than that which has been written will do well to consult the already published two volumes of the catalogue of the library of surgeon general's office—quarto volumes in double columns of fine type, each containing nearly one thousand pages, and yet, in the alphabetical arrangement, not through "C." This gives assurance of its value to the medical student when finished; a work which cannot be over-estimated by our profession, and, in its completion by authority of congress, every medical man should have an active interest. From it, although not a complete index of all that has been written, we gather some idea of the accumulated lore of the world's work in our especial field of labor.

TABLE II.

Subjects.	No. of	Total.		United States.		Great Britain and Colonies.	
		1879.	1880.	1879.	1880.	1879.	1880.
Anatomy and Physiology	Books	172	106	7	17	19	18
	Theses	29	30				
	Jour. Articles	1371	1329	162	177	157	170
Pathology	Books	22	16	2	3	....	2
	Theses	16	9				
	Jour. Articles	158	202	32	32	25	27
Practice of Medicine	Books	372	264	52	27	39	51
	Theses	257	235				
	Jour. Articles	5799	4716	1454	1154	1085	918
Diseases of Nervous System	Books	135	144	38	32	19	30
	Theses	63	59				
	Jour. Articles	1761	1667	406	410	342	303
Surgery	Books	135	150	18	27	5	23
	Theses	165	161				
	Jour. Articles	3477	3087	894	823	844	706
Ophthalmology	Books	60	64	10	15	7	7
	Theses	44	34				
	Jour. Articles	992	1007	187	228	81	101
Otology	Books	12	23	3	9	3	1
	Theses	8	9				
	Jour. Articles	313	535	114	185	38	74
Skin Diseases	Books	33	44	3	9	2	8
	Theses	22	24				
	Jour. Articles	441	547	63	95	115	101
Veneral	Books	35	29	1	2	4	4
	Theses	19	19				
	Jour. Articles	399	348	76	72	45	31
Gynæcology	Books	47	50	12	16	2	6
	Theses	44	27				
	Jour. Articles	1130	1132	364	416	239	189
Obstetrics	Books	45	52	6	7	6	8
	Theses	37	49				
	Jour. Articles	1270	1114	435	430	216	195
Hygiene	Books	178	247	62	80	29	48
	Theses	2	16				
	Jour. Articles	891	1061	173	239	161	237
Jurisprudence	Books	15	30	2	2	1	1
	Theses	8	11				
	Jour. Articles	368	726	72	167	44	103
General and Miscellaneous	Books	382	377	94	96	46	52
	Theses	29	63				
	Jour. Articles	1799	2116	349	476	200	274
Total by Countries	Books	1643	1596	310	339	182	259
	Theses	743	746				
	Jour. Articles	20169	19587	4781	4904	3592	3443

If this be the exponent of the result already attained, and this the rate of accumulation going on, what will the next century produce, and when will the subdivision of medical specialism end?

Infrequent vibrations are independent sounds, increase the rapidity, and we produce the musical note which, under skillful manipulation, becomes the smoothly flowing cadence which may blend into the harmony of a grand symphony.

Selfishness, as usually understood, narrows the sphere of a man's action to the gratification of his personal ends, widen the thought to that which is for the real best good of the individual in the highest sense, and we verily become our brother's helper, doing away, as no longer needful, with bolts and bars, police courts, jails, prisons, armies, and navies, yea, even with our churches, except there to congregate for rejoicing, for self is swallowed up in the greater good. In this seeming diversity there is a unity of purpose of power and of result. In the enthusiasm of the young convert we are wont to exclaim, "I am of Paul, I of Apollos." In the wider truth we are led to see that these are only ways of individual working, and that the great end to be attained is the same.

Pure science is unadulterated truth, and he who seeks it for its own sake and the good which it may bring, is enlisted in a common cause with one watchword under the same banner. But, says the objector, medicine is not a science, at the best it is but an imperfectly understood art. Mathematics pure and simple is accepted as an exponent of science, "for figures cannot lie." Is not our profession builded upon objective factors, and may these not be combined with results as clear, as definite, as demonstrative as figures? Facts, not representatives imaginary, are our factors, integers of no doubtful meaning, and he who contributes to their number makes the world his debtor.

Last year members of this Association visited the seemingly boundless prairies of the great Northwest, a *terra incognita* of a few years ago, roamed over by the wild Indian and the buffalo. Energetic companies were pushing the iron track in various directions out into the vast expanse without a single settlement as an objective point, or for miles and miles the upcurling smoke to mark the site of a single frontier cabin. When asked the purpose and object of this great expenditure and the hope of recompense, the cheerful reply always was given: "We are the developers of this vast country; these lands are waiting to yield harvests unhoped for by the Eastern farmer, and the poor, over-worked, half-starved of other continents will yet bless our efforts." This we call the energy, the push of the nineteenth century, which marks its deeds in monuments of useful labor.

A few years since and the physician who used the microscope was supposed to be dabbling in the æsthetics of his calling; what could be the practical outcome of this painstaking, time-consuming at best minutiæ of labor? The realms of the infinite are beneath as well as above the natural ken of mankind. By the aid of this little instrument, from a knowledge of ultimate structure, there has been cleared up many a doubtful acceptation of function—yea, even the very basis of modern physiology established. From the standpoint of such observation a Virchow revolutionized all our ideas of pathology.

Tyndall and Pasteur showed that the ever-prevailing dust contained the particular causes of fermentation which were again demonstrated by careful microscopic observation to be dependent upon vegetable plants, so minute as heretofore to have escaped especial notice. It remained for the genius of a Lister to demonstrate that from the rapid development of such germs arose in large degree the danger to wounds.

By the avoidance of the dangers which such knowledge taught, untold numbers of lives have already been saved, and there is being elaborated a system of wound treatment based upon fundamental factors of truth, more sure and certain than the wildest dreams and fancies of the alchemist of old who concocted his healing balsams at the midnight hour under the divine influence of the stars. The same line of investigation applied to disease clears up the mysteries attendant upon the group of so-called contagious diseases and demonstrates, in many, an entity *sui-generis*. There is a particular something which from individual to individual breeds true and gives certain objective symptoms, and to these have been given definite

names. Although daily widening, the border lines of our knowledge in these directions are easily reached, and the outlook would seem to indicate that much which had been considered settled will be revolutionized and the facts re-arranged, so that in the near future a large part of so-called medicine will be rewritten. Accept the demonstrations already made and grant the inferences therefrom to be correctly drawn, the science of medicine and surgery will be greatly simplified and its practical application many fold increased for good.

Volumes have been written and the best labor of many lives has been spent in the study of the reproductive processes of man and animals. A whole system of classification has developed therefrom, yet the observations thus made were truths only in part which led on this account to many erroneous conclusions; while from a broader study and deeper knowledge it remained for an Ercolani to demonstrate a single and universal fundamental law of physiological modality.

In the not remote past, Panacea has had a longer train of enthusiastic followers than her sister Hygeia. Now sanitary science, although scarcely popularized, very properly is taking its position in the front rank of all the means to be employed in the lessening of suffering and the prolongation of life. As in surgery so here, inscribed upon the key-stone of its great arch is the one word *clean*.

Cleanliness is next to godliness, and filthiness is the great physical sin. But in this realm, also, as in all others of science, order is being restored out of chaos and once having obtained the key the hieroglyphics of nature are translated with no uncertain meaning, and the simplicity and unity of the divine plan appears. To noxious gases no longer do we attribute the chief dangers arising from decomposition, but the rather thereby do we know that myriads of minute microscopic organisms have been preying upon and taking to pieces the waste albuminous products of life, again to restore them to a condition for higher utilization.

Thus the never ending cycle of life goes on, nothing wasted nothing lost, and as the infraction of the law of gravitation brings with it its penalty, so the excess of waste, over repair, and the devitalization of tissue which must ensue, render man the easy prey to agencies ordinarily invisible which stand ever ready to take to pieces his higher organization and refit it for new and perhaps better use.

The beginnings of knowledge are ever involved in mystery and doubt. The seeker is led into diversified and seeming labyrinthian paths, but like the labyrinth of old he who holds the key may safely tread its mazes and understand its plan. While we rejoice in that to which our profession has already attained, we look with longing eyes to the victories of the near future. To the better accomplishment of this, we welcome the open fields of subdivided duties and specialistic labor. We rejoice in the activity of united efforts to make of greatest avail these results by combining into societies and the publication of such observations in journals devoted to special interests.

In this spirit we welcome the new departure of our grand national association at whose birthday fest we are here assembled. May the JOURNAL, which this meeting sanctions and to which this year gives christening, as the Association itself has been, be a developer of special labor. Like the States to which we swear fealty and whose organization we here represent, may the special fields of labor be carefully cultured, and like the grand old union which we ever delight to honor, the new JOURNAL be in the broadest sense the representative of the progress of the divine art of healing.

We should give encouragement to such publications, should teach the rank and file of our profession who in a certain sense must ever be general practitioners not to seek in other fields—as natural science or politics—an escape-valve for extra energy, but let each physician select some subdivision of his work where he may find, and if possible widen the boundary knowledge of his calling. Let him select the publication devoted to his field of special labor, contribute to its columns his own observations and uphold with generous sympathy every effort of real progress.

Last week Dr. Oliver Wendell Holmes, in his address of welcome to the clergy and laity at their grand annual festivity, referring to the theological dissentions that have from time to time arisen in the church, says: "Now it has been one of the flock that has got his foot on the lowermost of the five bars of the sheep-fold and the bell-wethers ring in a council to pull him back if they can or push him over if they must. Now it has been to examine a leaky creed and determine whether or not the hole could be stopped by the proper use of that famous plastic material known as theological soft solder."

Doctors may take warning from clerical antagonisms, for the hard spelter which our New York friends have recently been using in their attempts at patching the heel of the old craft have only opened up new leaks, and awakes the satirical criticism, "Behold how these brethren love one another." May the time soon come when we shall not broaden our phylacteries, but recognize only one law—the divine code of human brotherhood. Then, instead of antagonisms there will be developed yet more fully a generous rivalry for good.

We all possess diversity of gifts, but should be actuated and guided by one spirit. The cavalry shall not say to the infantry "You are too slow for our purpose," the infantry shall not say to the artillery "You are too heavy and cumbersome in your outfit," but all with one accord as members of the grand army strive to accomplish the work set before it. With this end attained, under the clear light of scientific truth, the *isms* which smack of ignorance will cease to exist, new fields of labor, more attractive because nearer to the great source of truth, will open and there will yet arise a more noble emulation for the still greater advancement of a united and harmonious profession.

THE annual meeting of the American Public Health Association takes place in Detroit November 13. The session will probably continue four days.

THE USE OF THE TREPHINE IN TRAUMATIC EMPYEMA ASSOCIATED WITH FISTULA.

BY T. G. RICHARDSON, M.D., PROFESSOR OF SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISIANA, NEW ORLEANS.

[Read before the American Surgical Association at its late annual meeting in Cincinnati, May 31st, 1883.]

Chronic suppurative pleuritis with an imperfect fistulous outlet, either external or bronchial, is not an uncommon result of gun-shot or other penetrating wounds of the thoracic cavity; and it is no secret that the resources of surgery have not heretofore offered much encouragement to the unfortunate sufferers. In the majority of such cases there is contraction or sinking in of the injured side, a constant discharge of fetid pus, persistent cough, irritative or septic fevers, and more or less rapid exhaustion of strength, terminating usually in death within a few months, or a year or two at the farthest.

Two main difficulties are encountered in the treatment of such cases: 1st, imperfect drainage, upon the correction of which the life of the patient depends; and, 2nd, permanent separation of the lung from the chest-wall by contraction of the organized exudative membrane upon the surface of the former. It is to these two points alone that I shall call attention in this brief contribution.

1st. The serious obstacle to drainage in these cases is not the ordinary stenosis to which nearly all sinuses in the soft parts are liable, but approximation of the ribs, consequent upon the sinking or falling in of the chest-wall. Owing to the shortness and greater degree of fixedness of the first four or five ribs, very close approach of their adjacent borders is seldom seen except in quite young subjects. The same is true of the entire series near the spine in consequence of their close attachment to the vertebræ. But in other situations where greater latitude of motion exists, more especially along the lateral planes of the thorax below the fifth and sixth ribs, it is not rare, in the class of cases now under consideration, to find the adjacent edges closely applied, and sometimes even slightly imbricated. Under these circumstances it is impossible by any ordinary means to preserve satisfactory drainage by an opening, however extensive it may have been made, in an intercostal space. Tolerably strong silver canulæ have been indented by the approaching bones, and rubber tubing is frequently worse than useless. The result is entrance of air, decomposition of the pus, septic or irritative fever, and death more or less rapid as the disease may assume the former or the latter character.

2. The condition resulting from compression of the lung by inflammatory membrane, and consequent inability of the organ to expand to its original dimensions, is not necessarily fatal or altogether irremediable. Pyogenic sacs when freely drained, and at the same time protected from dessication, more especially if kept moist by antiseptic fluid or vapor, do not usually give rise to pyæmia or even to irritative fever. They are certainly sources of great discomfort and sometimes grievous annoyance to patients, but fortunately in the class of cases here referred to, they are frequently obliterated by the operation employed for overcoming the obstacle to drainage, as I hope to be able presently to show.

Seeing, then, that the great danger in these cases depends mainly upon imperfect drainage, it is to the best method of correcting this difficulty that our efforts should be directed. The impracticability of securing a sufficiently free opening through one or more of the intercostal spaces, especially along the lateral and lower parts of the thoracic wall, has already been mentioned; and I may here add, that in this respect counter-openings, necessary as they often are, have no advantage over the original outlets. Under these circumstances, the surgeon's only resort is removal of a portion of one or more ribs. This may be accomplished by one or other of the ordinary methods of bone-resection, but, in my judgment, much more readily, and in most cases, with equally good results, by the use of a large trephine.

The idea of "trepanning" the thorax is not new. The operation is said to have been proposed by Hippocrates, and, in more modern times, has been modified by Reybard and adopted by Récamier, Trousseau and others in idiopathic empyema.[1] This consisted, however, in simply perforating a rib and inserting a canula, the greatest care being taken to prevent the ingress of air.

Lossen, of Heidelberg, ascribes the first suggestion of resection of the ribs, for what he terms retro-costal abscess, to Roser in 1859, and states that this surgeon performed the first operation of the kind in 1865, with the effect of curing his patient in fourteen days. He (Lossen) adds that in 1869 Simon excised a portion of the sixth rib in a case of empyema with fistula for the purpose of permanently enlarging the canal. The cavity ultimately closed, the favorable result being due in the opinion of the operator, to sinking in of the resected rib.[2]

Dr. Schneider, of Konigsburg, in 1877, in a case of pleuritic suppuration, resulting from a gun-shot wound involving the third rib, removed from the second rib a section two inches in length, from the fourth, 3.8 inches, from the fifth. 3.8 inches, from sixth, 4.4 inches, and from the clavicle, 1.5 inches, by which means the chest-wall was allowed to sink in and obliterate the pleural cavity.[3]

It will thus be seen that the benefits derived from resection are threefold: 1, Unobstructed drainage; 2, free space for the application of antiseptics; and, 3, shrinkage of the chest-wall. In a large number of cases, more especially those in which the collection of pus is confined to the lower and lateral regions of the thorax, the mobility of the ribs, the flexibility of the long costal cartilages, and the yielding nature of the diaphragm permit the closing of quite large retro-costal cavities without any assistance at the hands of the surgeon other than may be necessary for drainage and asepsis. In such cases a large opening at the site of the fistula, or, if needs be, at a more dependent

[1] Traité de Pathologie Externe Par. Aug. Vidal (de Casses) Tome IVme.

[2] *London Medical Record.—Am. Journal Med. Sciences*, July, 1878.

[3] Op. cit.

point, is all that is required. For this purpose the application of a trephine having a sufficiently large crown to embrace the entire breadth of a rib, commends itself as the readiest and safest method, and does not hinder subsequent resection of adjacent ribs, if such procedure should become necessary.

So far as I have been able to investigate the question of priority, this operation originated in New Orleans, and is almost peculiar to this city where it has been frequently performed within the past twenty years, and with increasing favor. Indeed, since it is no longer a rarity, those who resort to it seldom keep records of their cases. This is greatly to be regretted, and I am obliged to confess that I am myself probably more at fault than anyone else. But though defective in histories of individual cases, I trust that my presentation of the subject may not be discredited or its importance underrated. To the late Professor Warren Stone, Sr. M.D., is due the credit of having first performed this or any other method of resection of the ribs for empyema, as the following history will, I think, clearly prove:[4]

Case, Charles W., æt. 17 years, was stabbed in the back with a large pocket-knife, in the hands of one of his college-mates, at a well-known institution in North Carolina, November 19, 1860. The wound penetrated the eight thoracic cavity about two inches from the spine, between the fifth and sixth ribs. Pleuro-pneumonia was the result, and very soon offensive pus, mixed with grumous blood, began to discharge from the opening. After several weeks confinement to bed the patient rallied, and was taken to Paris the following summer. There he was placed under the professional care of MM. Velpeau, Maissonneuve and Nelaton, who attempted unsuccessfully to dilate the fistula and keep the cavity cleansed. No benefit having resulted after several weeks treatment, no operation proposed, and no encouragement to remain longer having been given, the patient was carried to his home in Mobile, Alabama, with every expectation of an early death.

A fatal result not having occurred, he was brought by his parents to New Orleans the following February, 1862, and admitted into the private infirmary, of which Professor Stone and I then had charge. At this time he was emaciated to an extreme degree, racked by cough and thoroughly exhausted by irritative fever and hectic. The right chest was somewhat contracted, and from a small fistulous opening at the site of the wound fetid pus was slowly exuding. Notwithstanding the nearness of the wound to the spine, in which situation the ribs are naturally so nearly fixed in their position that only the slightest movement can be effected, the two adjacent bones had become so nearly approximated that a No. 8 bougie could hardly be passed between. A careful examination disclosed a considerable collection of fluid in the pleural cavity. To get rid of the latter, establish free drainage and render the walls of the sac aseptic, were clearly indicated, but how to accomplish these ends after the signal failure of the three most noted surgeons of France was not so distinctly perceived. The problem was solved, however, by my distinguished colleague, when, after contemplating the situation for a few moments, he turned to me and asked what would be the objection to enlarging the fistula by a trephine applied to the rib below. The proposition met with a hearty approval, and was immediately carried into execution. But the removal of the disc of bone involving the whole breadth of the rib did not complete the operation. In consequence of the densely thickened pleura the cavity was still unopened. To divide this freely, despite the possible wounding of the intercostal artery, was the work of a moment, when out gushed an immense stream of pus, so disgusting and overpowering in its odor as almost to drive everyone from the room. After fifteen or twenty ounces of this had escaped, and the flow in a measure ceased, the cavity was washed with a tepid solution of chlorinated soda, and a small roller bandage thrust into the opening to serve both as lint and plug. No hæmorrhage followed the operation, and I have since then been convinced by additional experience that in such cases the intercostal artery in the immediate vicinity of the fistula is obliterated by contraction of the fibrinous deposit. The plug was subsequently removed twice a day, and the cavity freely injected with the antiseptic fluid. The patient's health began to improve immediately, and in less than six weeks he was upon his feet and able to go unaccompanied wherever he desired. In the meantime the sac was undergoing steady diminution in size, partly by expansion of the lung, but principally by subsidence of the chest-wall, and we indulged the hope that it would ultimately become entirely obliterated, but in this we were disappointed.

For reasons not necessary to mention, the patient left the city soon afterward, and the following year, 1863, was sent to Europe, where he was advised to continue the treatment begun at New Orleans. In 1866, I met him in Paris, and was much gratified to find him in the enjoyment of a fair state of general health, notwithstanding the annoyance of daily emptying and disinfecting the sac. I measured the latter, and found it capable of holding six ounces, and learned that the secretion amounted to four ounces daily. The ribs upon the affected side were more considerably depressed, but the respiratory murmur could be distinctly heard in front.

Mr. W. returned to Mobile in 1868, where he remained until 1880, and is now living in New York. His health is feeble, but he is able to attend to all the ordinary duties of life without special distress. In a recent letter he informs me that the cavity has undergone no material change since 1866; that it still measures six inches in capacity, and secretes from two to three ounces of pus daily. The opening is nearly an inch in diameter.

Considering that the operation was original in its conception and performance,[5] and resulted in the pre-

[4] Since this paper was read my attention has been called by Professor S. W. Gross, M.D., to an article in the *British Medical Journal* of January 21st, 1860, entitled "Case of Traumatic Empyema of sixteen months standing with Fistula, treated successfully. By Albert G. Walter, Surgeon, Pittsburg, Pennsylvania, United States." The case was a knife-wound, resulting in retro-costal abscess which opened spontaneously. December 8, 1857, one inch of the eighth rib was removed with bone-pliers. To secure better drainage two inches of the eighth and nineth ribs were removed in like manner February 11, 1858, followed by injections of tincture of iodine. On January 1, 1859, patient was reported entirely well.

[5] I am confident that Professor Stone had never heard of the suggestion of Roser, nor of the operation of Walter's, mentioned in a preceding foot-note.

servation of a valuable life, it may seem invidious to criticize it, but one cannot now shut his eyes to the fact that if two or three ribs below the one which was trephined had been subsequently resected, the probability is that complete obliteration of the sac would have occurred.

In connection with the preceding case, which I have deemed of sufficient interest to report in detail, I take the liberty of mentioning briefly another which came under my care only a few weeks later.

CASE II. Captain H., of the Confederate States Army, entered the infirmary March 15, 1862, suffering with empyema, resulting from a gun-shot wound received two or three months before. A small fistulous opening existed between the seventh and eighth ribs, an inch or more beyond their cartilages, but was not large enough to keep the cavity drained, nor could it be sufficiently dilated for this purpose in consequence of the nearness of the two adjacent ribs. Acting upon the experience I had already gained in the preceding case, I applied a large trephine to the eighth rib, immediately below the fistula, divided the thickened pleura, and thus discharged a large collection of fetid pus. The cavity was thoroughly cleansed by a weak solution of chlorinated soda, and a plug consisting of a small roller bandage pressed into the opening. The patient was sufficiently recovered to leave for his home in Texas a week or ten days afterwards with directions to continue the antiseptic injections until the cavity closed. I heard nothing from him for three years, when he presented himself at my office to show me the result. The side of the chest was somewhat contracted, but not enough to cause marked deformity; the opening was closed by a firm cicatrix, and the respiratory murmur could be heard everywhere within a short distance of this point. He informed me that complete closure occurred a few weeks after he left the Infirmary, and that since then the wound had given him no trouble whatever. From recent accounts Captain H. is still alive, actively engaged in business, and in the enjoyment of most excellent health.

Complete recovery in this case was evidently due to the fact that the empyema was localized opposite the most moveable part of the thoracic walls. The sinking in of the latter was sufficient to meet the partially expanded lung, and the cavity being kept perfectly drained, obliteration was complete.

Since the last mentioned case, which occurred twenty years ago, several of similar character have been admitted into my wards in the Charity Hospital, and have invariably undergone the same treatment, but owing to the restlessness and nomadic habits of the patients it is impossible to state with any assurance of accuracy what have been the ultimate results. In every case, however, up to the time of their leaving the hospital there were good reasons for a favorable prognosis. As one of these cases presented an exceptional complication it is worthy of special mention.

CASE.—M. Barry, æt. 27 years, came under my care in December, 1881. He had been shot from behind through the right lung a year previously, the ball emerging at the seventh intercostal space in front, a little in rear of the junction of the adjacent ribs with their cartilages. A low form of pleuro-pneumonia followed, accompanied by a free discharge of offensive pus from the two external openings, and expectoration of similar fluid from the lung. After a protracted illness, during which the right side of the chest became greatly contracted below, the wound of entrance closed entirely, and, in consequence of the approximation of the ribs, the opening of exit was reduced to the size of a No. 2 bougie. When I first saw him, he was suffering from irritative force and hectic, coughing up large quantities of fœtid pus, and so reduced in strength that he could scarcely bear to be propped up in bed for examination. I succeeded, however, in determining the presence of air and pus in the plexural sac, a tolerably free communication between the latter and the bronchial passages, and a small fistulous opening in the seventh intercostal space.

A few days after the diagnosis was completed, and in the presence of the medical class of the University of Louisiana, I made an incision downward from the fistula across the eighth rib, applied the largest trephine to the latter, and then, with a bistoury, divided an unusually densely thickened pleura. Immediately air rushed into the cavity with a deep gurgling noise, and the next instant rushed out again bringing with it a large quantity of stinking pus which bespattered everyone around, and filled the amphitheater with its nauseous odor. At the same time, and, doubtless, in consequence of the ingress of cool air into the cavity, a violent cough occurred, accompanied by a shower of the same fowl fluid mixed with blood, much to the chagrin of the assistants, who had moved out of range of the opening in the side. It was altogether a most disgusting affair. However, not to be tedious, after the escape of more than a pint of pus, and when the cough and agitation had subsided, warm carbolized water was gently injected by means of a rubber bulb syringe, care being taken not to disturb the sac, and thus force the fluid into the bronchial passages.

I need not enter into the details of the subsequent treatment, farther than to say that the injection was repeated twice a day, the opening being in the meantime plugged with a small roller bandage. The patient rallied rapidly. In a week all communication between the suppurating cavity and the air-passages was closed, and in about six weeks from the time of the operation, the cavity was so nearly obliterated that the patient thought it unnecessary to remain longer in hospital, and insisted upon being discharged. I have good reason to believe that entire recovery was completed soon afterwards.

A NEW OPERATION FOR THE CURE OF RANULA.

WITH REPORT OF A CASE. BY T. F. PREWITT, M.D.,
ST. LOUIS., MO.

Read to the Section on Surgery and Anatomy.

I do not propose to go into the literature of ranula; its mode of development, the special strictures involved, or a consideration of the differential diag-

nosis, but to call attention to a method of dealing with those cases that obstinately resist the ordinary methods of treatment, and which, so far as I am aware, has never been resorted to heretofore.

The methods recommended and practiced by surgeons at this day, consist either of the introduction of a seton, injections into the sac, or partial excisions of it.

Of these, almost all modern surgeons give preference to excisions of a portion of the sac—total excision being impracticable.

I have no experience with the seton, or injections, having practiced partial excisions in the cases that have fallen under my care, and always with satisfactory results. Having met with a case of double ranula recently, in which this measure, followed by persistent catheterization failed, it occurred to me that I might, by a plastic operation, secure a permanently patulous orifice.

Geo. McG—n, æt. 15, was brought to me May 6, 1882, by his brother-in-law—himself an intelligent physician, with a swelling under the left lower maxilla, nearly as large as a goose-egg. It fluctuated freely, some portions of it seeming hard, however, and projected also into the mouth under the tongue, though the swelling here was not very great. A diagnosis of ranula was made, and a portion of the cyst wall in the floor of the mouth excised. A quantity of clear, transparent mucoid fluid escaped, spurting out several feet as the cyst was incised.

In the course of two or three weeks this had contracted, and threatened to close, and catheterization was resorted to.

In the meantime, a ranula had appeared under the tongue upon the right side, with translucent, bluish, thin walls, but not projecting beneath the jaw. This also was treated by excision of a portion of the cyst wall.

In July the young man ceased to present himself; the orifice closed, the sacs rapidly filled, and Dr. L. again brought him to me in an alarming state from threatened suffocation. Both ranulæ were swollen and painful. Upon the left side the swelling extended well down towards the clavicle and sternum, and across the trachea in front. Upon the right side the ranula, was greatly swollen, meeting with that upon the left side under the chin, in a continuous swelling, from the angle of the jaw upon one side around to the opposite angle. Both inspiration and expiration were obstructed—the young man was flushed and feverish. From the rapidity of the occurrence of the symptoms, and their increasing gravity, it seemed as though tracheotomy might become necessary.

I incised the cysts freely, permitting the free escape of the accummulated fluids, and directed hot fomentations to be persistently applied. This gave speedy relief to all the urgent symptoms.

As contraction took place, I again resorted to catheterization, with the view of preventing reclosure. This was persevered in for two or three months, and was more effectual upon the left side, for the reason that the bougie, a soft conical rubber about 15 French, could be passed down for two inches and could be felt below the margin of the jaw. Upon the right side a probe only could be used, and when its use was intermitted for a few days, it would close completely. I determined, therefore, to make a permanent opening by a plastic operation on that side. Carefully dissecting off the mucous membrance of the mouth over the cyst, denuding a surface as large as a nickel, I then incised the cyst-wall, turned it over, and tacked its free edge to the border of the mucous membrane of the mouth with fine silk sutures, thus, as it were, binding the opening in the cyst with mucous membrane, and interposing an effectual safeguard against its closure.

Union by first intention took place, the stitches were removed upon the third day, and an orifice was secured that has remained patulous to this time.

This was in November last. The young man became irregular in his attendance, and finally ceased to present himself to have the left side catheterized. On the 1st of April he came to me with considerable accumulation on the left side, and the orifice closed. I repeated the operation on that side, with a like fortunate result, and now, two months after the last operation, the openings are equally patulous upon the right side and upon the left, and he has no trouble whatever from re-accumulation of the fluid.

RECORD OF PROCEEDINGS OF THE ANNUAL MEETING OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS IN CLEVELAND, JUNE 5, 1883.

President N. S. Davis called the meeting to order in Case Hall, Cleveland, Ohio, Tuesday evening, June 5, at 7:30 P. M. Dr. John V. Shoemaker, the Secretary, read the minutes of the previous meeting, which were adopted. The following members and the journals which they represent were then registered by the Secretary:

Dr. N. S. Davis, Chicago, Ill.; Dr. W. C. Glasgow, *St. Louis Courier of Medicine*, St. Louis. Mo.; Dr. A. N. Bell, *Sanitarian*, New York; Dr. C. H. Hughes, *Alienist and Neurologist*, St. Louis, Mo.; Dr. A. B. Palmer, *The Physician and Surgeon*, Ann Arbor, Mich.; Dr. C. B. Stemen, *Fort Wayne Journal of Medical Science*, Fort Wayne, Ind.; Dr. John V. Shoemaker, *The Medical Bulletin*, Philadelphia, Pa.; Dr. Frank Woodbury, *Medical Times*, Philadelphia, Pa.; Dr. H. O. Marcy, *The Anatomical and Surgical Annals*, Boston, Mass.; Dr. Thos. J. Gallagher, *Pittsburgh Medical Journal*, Pittsburgh, Pa.; Dr. L. S. McMurtry, *Louisville Medical News*, Louisville, Ky.; Dr. W. M. Carpenter, *Medical Record*, New York; Dr. H. H. Mudd, *Weekly Medical Review*, St. Louis, Mo.; Dr. Leartus Connor, *Detroit Lancet*, Detroit, Mich.; Dr. W. C. Wile, *New England Medical Monthly*, Sandy Hook, Conn.; Dr. Wm. Brodie, *Therapeutic Gazette*, Detroit, Mich.; Dr. Deering Roberts, *Southern Practitioner*, Nashville, Tenn.

On motion, the President appointed a committee to select officers for next year. Drs. Wm. Brodie, A. B. Palmer and L. S. McMurtry, the committee, reported the following: President—Dr. Leartus Connor; Vice-

President—Dr. Thos. J. Gallagher; Secretary—Dr. John V. Shoemaker.

On motion, the Secretary was instructed to cast the ballot, and he announced the officers already reported by the committee.

The time having arrived for the President's annual address, Dr. N. S. Davis then spoke on the "Present Status and Tendency of the Medical Profession and of Medical Journalism in this Country." At the conclusion of his remarks, Dr. Davis stated that the Association had concluded to include the two meetings already announced upon this occasion, and the next address in order would be by Dr. H. O. Marcy, of Boston, Mass. Dr. Marcy, upon being introduced, spoke upon "Journalism Devoted to the Promotion and Concentration of Medical and Surgical Science in Special Departments."

On motion, the thanks of the Society were returned to Drs. N. S. Davis and H. O. Marcy for their admirable and instructive productions, with the request that they be furnished to the editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION—should it be established—for publication.

Dr. Deering Roberts presented the following resolution:

Resolved, That this Association recommend Dr. N. S. Davis, of Chicago, to the American Medical Association, as being the most suitable editor for the JOURNAL which they shortly propose publishing.

The resolution was unanimously carried.

On motion, the Secretary was instructed to arrange a suitable programme at the next place of meeting, Washington, D. C., in 1884.

JOHN V. SHOEMAKER, *Secretary.*

MINUTES OF THE JUDICIAL COUNCIL OF THE AMERICAN MEDICAL SOCIETY.

CLEVELAND, OHIO, June 5, 1883.

The Judicial Council met in the private office of Dr. X. C. Scott at 10 o'clock A.M. in accordance with the adjournment of last year.

Present—Doctors J. S. Billings, J. M. Brown, Wm. Brodie, N. S. Davis, N. C. Husted, Wm. Lee, D. A. Linthicum, J. C. Reeves, M. Sexton, A. B. Sloan, X. C. Scott, J. M. Toner, J. H. Warren, J. K. Bartlett.

The first business in order, election of officers for the year, resulted in the choice of N. S. Davis, President; J. K. Bartlett, Secretary.

No papers having been referred, and there being no unfinished business from last year, the Council then adjourned, to meet the next morning at nine o'clock.

Wednesday, June 6.—Council convened at 9 A.M. Papers from several State and local Medical Societies which had been referred, and which reaffirmed adherence to the Code of Ethics, were read, and ordered to be placed upon file.

A petition from Dr. D. W. Day had also been referred, asking for a rehearing in his case, which was adjudicated last year. After examination of the papers, the following was unanimously adopted:

Resolved, That the petition of Dr. D. W. Day be returned, with leave granted to accompany said petition by a written statement of the character of the new evidence which he proposes to introduce, and that any action in the case be deferred until the opening of the session of next year, on account of the impossibility of notifying all parties concerned during the present session.

In the case of Dr. E. P. Cook, who, before signing the certificate of application, erased the clause which had been inserted by the Secretary of the Association as a substitute for the registry book formerly used. The Council was of the opinion that Dr. Cook misunderstood the import of this addition, and Dr. Davis was requested to explain the subject to the Association, which was done by a verbal report.

A letter from Dr. D. H. Goodwillie, of New York to the Chairman of the Committee of Arrangements, which had been referred to the Council, was read and laid upon the table. Council then adjourned to meet at 9 o'clock A. M. of the next day.

Thursday, June 7. Council met according to adjournment. A protest against the registration of Dr. D. H. Goodwillie, signed by two delegates from the New York Academy of Medicine, and which had been referred to the Council, was read, and the letter of Dr. Goodwillie taken from the table; after a full consideration of the subject, it was unanimously

Resolved, "That the evidence before us in the case of Dr. D. H. Goodwillie is sufficient for adjudication;" also,

Resolved, "That decision in this case be deferred until the next Council session, and that the Secretary be directed to notify Dr. Goodwillie that these papers are before us, and will be acted upon at the session of the Council on Friday morning at 9 o'clock.

Three letters from individual members of the Association which had been referred, were read, and ordered to be placed upon file. The Council then adjourned, to meet at 9 o'clock on Friday morning.

Friday, June 8. Council assembled at 9 A. M. The unfinished business of the preceding day was resumed. The letter written by Dr. Goodwillie was read while he was present, as also the protests against his registration; he was asked if the letter fully and correctly expressed his present opinion, and replied that it did. After his withdrawal, the Council unanimously

Resolved, "That in the case of Dr. D. H. Goodwillie, who signed under protest the clause printed upon the registration blanks, which declared adherence to the Constitution, Bylaws, etc., of the Association, his registration be cancelled, and the annual dues paid by him be returned.'

There being no farther business, the Council adjourned, to meet at 10 o'clock A. M. on the first day of the session of the Association at Washington, D. C., May, 1883.

J. K. BARTLETT,
Secretary of Judicial Council.

MEMBERS OF JUDICIAL COUNCIL.

1884.—Wm. Brodie, Mich; R. B. Cole, Cal.; H. D. Holton, Vt.; D. A. Linthicum, Ark.; A. B. Sloan, Mo.; J. M. Toner, D. C.; E. W. Clark, Iowa.

1885.—J. M. Brown, U. S. A.; N. S. Davis, Ill.;

N. C. Husted, N. Y.; Wm. Lee, Md.; J. C. Reeves, W. Va.; X. C. Scott, Ohio; M. Sexton, Ind.

1886.—W. O. Baldwin, Ala.; J. S. Billings, U. S. N.; F. D. Cunningham, Iowa.; E. Grissom, N. C.; H. O. Marcy, Mass.; N. W. Miller, Marine Hosp.; R. N. Todd, Ind.

MEDICAL PROGRESS.

TWO DEATHS DURING THE ADMINISTRATION OF ANÆSTHETICS.—Mr. J. H. Lee Macintire, Medical Superintendent, Bristol Royal Infirmary, writes:

"H. C., male, aged 54, was admitted to the Bristol Royal Infirmary, December 30, 1881, suffering from a strangulated inguinal hernia of sixty-four hours' standing. He had vomited almost incessantly from the first, and for the last twelve hours the vomited matter had been fæcal. On admission his tongue was moist, his pulse weak but regular, and his aspect somewhat pinched. Chloroform was administered preparatory to an attempt at reduction by taxis, and everything went on well for the first minute and a half, a little over one drachm being inhaled, and this amount was divided into three parts. He then commenced to struggle a little, and his pulse was noticed to have improved, when he was seen to be about to vomit. The vomited matter measured almost a pint, and was stercoraceous and very fluid. Loud tracheal râles were now heard, and the breathing for the first time became embarrassed. He was immediately turned over, when nearly two quarts of fluid were ejected. His pupils were now widely dilated, his pulse failed, and he became cyanosed. Artificial respiration, inversion, cold affusion, and dragging forward of the tongue were at once tried; air entered the lungs freely, there were no tracheal râles, and the pupils became contracted. He now vomited again, or, rather, some more fluid poured out of his mouth. Attempts to resuscitate him were persisted in for over twenty minutes, but without avail. From the first arrest of pulse and respiration, neither heart-beat nor voluntary attempt at respiration was noticed. The first vomit occupied about a minute. The *post mortem* examination showed the heart healthy, aorta slightly atheromatous, kidneys granular, and a small quantity of food, which appeared to be partly digested milk, and which was about as large as a pea, was lodged just below the rima glottidis.

M. T., female, aged 45, who had been in the ward some days with an abdominal tumor, was, on April 19, 1883, examined under the influence of an anæsthetic mixture consisting of one part or chloroform to three parts of ether. She was known to have chronic bronchitis, and was suspected of phthisis at the right apex. She had taken some beef-tea and egg a short time before the examination. She took the anæsthetic very well, becoming unconscious in three minutes, and remaining so for ten, when her breathing was noticed to be growing shallow, but her pulse, color, and pupils remained unaltered. She took three respirations, each more shallow than its predecessor, and gave signs of being about to vomit. She was just about to be turned over on her left side, when her breathing stopped, whilst her heart could still be seen acting. Her pulse then failed, her face became livid, and her pupils about two-thirds dilated. Inversion and artificial respiration were immediately tried, and air entered the lungs freely, with a total absence of tracheal râles. The pupils were now noticed to be about three-fourths dilated, and some half digested liquid food oozed out of her mouth. In case any might have entered the larynx, although there was no reason to suspect such an accident, tracheotomy was performed. Artificial respiration was kept up for half an hour, and inhalations of nitrite of amyl, injections of ether, cold affusion, and an enema of brandy were also unsuccessfuly tried, the patient showing no sign of returning animation from the first, with the exception of closing her jaws firmly about five minutes after the commencement of artificial respiration. *Post mortem* examination showed the heart-vessels and brain to be healthy, and there was no food in the air passages. The abdominal tumor was due to tubercular peritonitis, and there was general bronchitis, and some tubercle was found in the apex of the right lung.

In both cases, the anæsthetic was administered on a flannel mask which covered the nose and mouth.—*British Medical Journal.*

CANNABIS INDICA; A VALUABLE REMEDY IN MENORRHAGIA.—Mr. J. Brown, of Bacup, observes:

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and iusomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect, even in small doses. Text-books give the dose as ten minims and upward, bnt five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription: ℞ tincture cannabis indicæ ♏ xxx; pulveris tragac. co. ʒj; spiritus chlorof. ʒj; aquam ad ʒij. One ounce every three hours. Four years ago I was called to see Mrs. W., aged forty, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine," I learned afterward that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The fail-

ures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India.

I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hous. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hæmorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—*British Medical Journal.*

SHORT SIGHT IN SCHOOL CHILDREN.—Fleet Surgeon Henry Hadlow, R. N., gives a very useful lesson in an article in the *British Medical Journal* of May 19, which is the result of his inquiries into the management of the Greenwich Hospital School. At this school boys were admitted to prepare for the Navy. At the age of thirteen they were submitted to a special physical examination, which included the special test for eye-sight by Snellen's types, which they were required to read at the full distance; consequently every boy in the school above the age of thirteen years must have had perfect vision at this period. At fifteen and a half years of age out of 1,074 of these same boys, no less than sixty were rejected for the Royal Navy on account of defective sight, the cause in almost every case being simple myopia; that is to say, that in two and a half years five and a half per cent. developed a degree of myopia that unfitted them for a service, for which they had undergone a long and expensive training. Further, in what is termed the select school and special class, out of one hundred boys there were seventeen rejections, the myopia also being of a higher grade than that found in the rest of the school.

This is adding evidence to an evil to which our attention has previously been called—that short-sightedness is developed during school life, and that it is found most frequently and of the highest grades amongst the most advanced classes; but it is well to follow Mr. Hadlow in his further examination into the condition of the school itself as regards the production of this affection; because, as he says, not only is asthenopia or myopia a most serious disqualification for many conditions of life, but we have every reason to believe that the predisposition to become short-sighted is hereditary, and that the children of short-sighted parents have a much greater tendency to develop the same defect, if placed under unfavorable conditions, than others. He found the desks and stools of the same height for boys of all sizes and ages, with no backs, narrow seats placed much too far from the edge of the desk, and want of proportion between the height of the two. Some of the rooms were so dark in corners—and very large corners, too—that it would be impossible on a winter's day for the boys to see to do their work properly without gas; further, in every case the desks were so placed that the boys must sit with their backs to the light.

This must not be considered as the present condition of the school referred to, for it has been remedied in a most complete manner. The desks and chairs are graded to suit the size; there is a board behind on the chair to support the loins just above the hips; the edge of the desk is perpendicularly above the the front of the seat, and the inclination of the desk can be altered from 20° for writing to 40° for reading, whilst a foot-board is attached, on which the feet rest naturally and easily. Obstructive partitions have been removed and windows inserted, to give not only a sufficiency of light, but from above and from the left.

But with all these improvements, they fail in many cases where the continuous application to daily study is too prolonged; as in a report on the education of the young from Alsace-Lorraine, where no fewer than eighty per cent. were found physically unfitted for the army. With them, boys of thirteen have, on an average, about eight hours' study a day; here the extreme prevalence of myopia is well known.

FOREIGN BODY IN THE URETHRA. Dr. George Hunter, M.D., Linlithgow, writes:

"An elderly gentleman, the subject of dysuria from prostatic enlargement, thought to aid the efforts of his bladder in its evacuation by insinuating the rounded head of his wife's veil-pin into the orifice of his urethra, and thereby opening up the passage. To his dismay, in its descent downwards it slipped from his fingers, and the point of the pin disappeared from his sight. His attempts at removal only caused it to make its way further back, and soon a discharge of blood from the meatus, and urgent but ineffectual attempts to pass urine, alarmed him, and induced him to send for me. On my arrival, I could just make out the head of the pin in the membranous urethra in front of the prostate, and could feel the point anterior to the scrotum. To remove it, I fixed the head by pressing on it from behind forwards, and then impaled the

urethra against the point. By steady pressure and traction on the point as soon as it emerged from the under surface of the penis, the whole length of the pin was pulled through, only the head remaining in the urethra. The point was then depressed towards the perinæum, and by compressing the flacid penis, in its longitudinal axis, the round head of the pin was easily passed through the meatus, and the entire pin withdrawn. In its removal, not a drop of blood was lost, and the puncture remaining was not more severe than that resulting from the use of the ordinary hypodermic needle. Beyond enjoining rest and quiet for the first twelve hours, nothing further was prescribed, and my patient was next day in his usual health."—*British Medical Journal.*

CASE OF ACUTE PERITONITIS FOLLOWING INTESTINAL PERFORATION.—Dr. William Julius Mickle, of Bow, describes the following case:

"M. M., aged 45, formerly a soldier in the 17th regiment, was a helper at a laundry for some years, and had made no complaint of any malady whatever, although some mitral obstruction had been made out. Early one morning, complaining of constipation, he was given an aperient. After breakfast the bowels were freely moved. Then, seeming well, he worked all day until about 4:30 P.M., when he felt abdominal pains, or "cramps," as he called them, coming on, returned to his ward, laid himself down, and looked pale. Next, he was doubled up, groaning, breathing noisily, and complained of "cramps" over the belly, which was tender, and which he would not allow one to examine. The pain was obviously intense. The pulse was frequent, and variable in this respect; somewhat sharp. Tincture of opium was given internally, and a light hot poultice and turpentine were applied to the abdomen. At 9 P.M., there was slight vomiting of food and mucus, and later of a greenish fluid.

Next morning, he lay either on his back or on the right side, with the knees drawn up. The pain was continuous, and he stated it to be worst along the middle line; the tenderness, however, was highly marked over the cæcum; and in both flanks were slight dulness on percussion, and doubtful obscure fluctuation. He was eructating and then spitting out in mouthfuls, a dark-greenish, flaky and flocculent, soup-like material, with brownish, soft, lather-like flakes floating on the surface. Temperature 99.7°; pulse 117, soft, feeble; respiration 38, somewhat labored, moaning. No urine was passed. The bowels were not moved; the tongue was moist, with a greenish and brownish coat. The tips of the ears, nose, and fingers were chilly. The eyes were heavy; the face was of leaden hue. The pain was heavy and continuous, with exacerbations, during which it resembled the piercing of knives, There was no sign of tumour, strangulation, or intussusception of bowels.

I ordered him to have one-third of a grain of morphia hypodermically; also to take, each hour, five minims of tincture of belladonna, one minim of dilute hydrocyanic acid, and one-sixteenth of a grain of morphia. He took three doses of this. Half an ounce of milk was given every half-bour. At 1:30 P.M., his nose was cold, his features collapsed; pulse feeble; prostration was advancing. At 3 P.M., he was somewhat drowsy; respiration varied from 18 to 24, and the pulse from 110 to 120, feeble, soft, small, becoming imperceptible. The pupils were moderately contracted. The patient, in reply to inquiries, said that the pain was relieved. After this, he gradually became comatose, and the respiration irregular, jerking, as if by several contractions of diaphragm; and later, hiccough came on. Brandy was given by the mouth, and it and carbonate of ammonia by the rectum, while heat was applied to the feet. The pulse remained at from 110 to 120, and death occurred at 5 P.M., or twenty-four hours and a half after the first complaint of abdominal pain.

Necropsy.—Omitting most of the parts examined, it need only be said that the abdominal cavity contained some turbid flnid, partly escaped from the bowel, and with sanguineo-purulent material floating in it. These were mainly on the left side of the abdomen. The parietal peritoneum was of an almost uniform scarlet redness. The great omentum was converted into a red fleece, tbe under surface of which was smeared in parts with purulent fluid. The appendices epiploicæ were smeared in a similar way, as were also some coils of the small intestine, the other coils being slightly lymph-glued together. There was general inflammatory redness of the outer coat of the exposed coils of intestine. In the upper part of the small intestine were much yellow mucus and semifæcal matter. In the descending colon and rectum was patchy redness, and in parts slight excoriation. In the lower part of the sigmoid flexure was a perforating ulcer, with bevelled edges and sloughy surface, which was open through an appendix epiploica into the abdominal cavity. Another ulcer with greenish edges was just beginning to perforate. The heart contained clots and treacly-fluid blood; the endocardium was deeply blood-stained; there was mitral stenosis; the mitral valve was thickened, calcareous, and deformed. There was some hypertrophy and dilatation, especially of the left auricle. The heart weighed fifteen ounces. Some large gall-stones were found in the gall-bladder.

REMARKS.—As to the duration of this case—at least twenty-four hours and a half—it may be said that, writing of peritonitis, Dr. Habershon stated that instances of intestinal perforation are generally fatal in from five to ten hours; and Dr. J. R. Wardell mentions that, in his cases, death occurred in from seven to twenty-three hours, and cites duration-periods from other authors varying from four to one hundred and five hours.

Possibly constipation, or passing gall-stones, led to the irritation and ulceration of old cicatrices in the colon, results of disease contracted when campaigning long before."

British Medical Journal.

REMARKABLE MONSTROSITY.—Dr. Mulvaney writes: "On November 2, my late partner, Dr. H. C. Linden, sent for me to a case of a primipara, æt. 28, who

had been some hours in labor. It was a breech presentation, and favorable progress had been made until the pelvic outlet was reached. There the head became jammed tightly, and during the next two hours, did not advance in the smallest degree. As the pains were ceasing, notwithstanding the administration of ergot, it became necessary to deliver instrumentally. Several attempts at extraction by forceps proved futile, and, as exhaustion was threatened, the blunt hook was employed, and after an hour's hard work, delivery was accomplished. The child was a full-grown anencephaloid male; life was extinct but very recently. The bones of the face were normally developed, but there was no calvarium. The cerebral substance was wanting, and its place was filled with bloody serum and a material which looked like a placenta; to this the placenta proper was attached by its membranes. It was very large, measuring 6¼ in. by 3½ in., and was deeply fissured at its anterior third. Two abortive cerebellar lobes were present. At the upper portion of the spine there was an opening into the spinal canal, from which sprang a lobulated body. Four cords were present, three focussing at this point; one running from the placentoid cerebral snbstance, the other from the placenta, and the third joining the cord proper, a few inches from the umbilicus; the fourth passed from the placenta in the usual way, and presented a slight degree of fatty degeneration. It was rather large. The other cords had undergone fatty degeneration to a great extent. Being rather pressed for time, we were obliged to be content with a cursory examination."—*British Medical Journal.*

TRANSPOSITION OF VISCERA.—W. P., a sign writer, died, aged 40, of general paralysis of three years' standing. During life the transposition of the areas of percussion-dulness of the liver and spleen had been noticed. Heart showed aortic ventricle on right side thicker, stronger, and forming cardiac apex; pulmonary ventricle on left side, auricle receiving systemic veins on left side; auricle receiving pulmonary veins on right side—thin septum between, with patent foramen ovale. Aortic arch directed towards the right, curved down vertebral column and descended on its anterior and right aspect, through the thorax. Gullet passed down left anterior aspect of vertebral column, crossed to right below to gain œsophageal opening in diaphragm. Left lung had an imperfectly divided off middle lobe; right lung had made imperfect middle lobe, spleen in right hypochondrium. Liver had larger lobe in left hypochondrium and epigastrium, smaller lobe extending rightwards to spleen. Stomach had cardiac opening and cardiac end to right, and pylorus to left, of middle line. Duodenum to left end of ileum, the cæcum, and the appendix vermiformis were in the left inguinal region. Ascending colon left, descending colon right, sigmoid flexure in right iliac fossa, and rectum slightly to the right side. Kidney on the left weighed 5 ozs., on the right 4½ ozs.—WILLIAM JULIUS MICKLE, M.D, *British Medical Journal*, May 19.

FOREIGN BODY IN URETHRA.—J. B. Carter, æt 42—admitted into hospital—the day before had been drinking heavily, and in the evening was seized with severe pain in the perineal region, accompanied with some hæmaturia. On examination, a foreign body could be felt lying along the under side of the penis, from its lower half towards the perineum, and about the middle of the penis a sharp point was discovered. A small incision was made through the skin over it, and the point of a large black pin was then forced through, seized by a pair of forceps, and drawn out; it was between three and four inches in length. The head of the pin was then found intact in the urethra; the point of the pin was therefore depressed, and the head pushed up through the urethra and drawn out through its orifice. A catheter was passed, and left in the bladder for twenty-four hours, and the wound dressed with carbolic oil. Blood was passed in the urine several times afterwards. No urine escaped by the wound, and at the end of the week the man was sent out, cured.—WM. CURTIS, *British Medical Journal.*

THE OXYTOCIC ACTION OF QUININE.—Mr. Hartigan, M.K.Q.C.P., of Hong Kong, writes:

"In three different cases, I have had on several occasions to discontinue the use of quinine, because it brought on "labor-pains," though the doses were small, varying from three to five grains. In one of these, during a previous pregnancy, another medical man used quinine, and discontinued it for a similar reason. All three were in fair general health, suffering only from slight malarious fever, and had never aborted. One case has come under my notice, in which abortion took place, without apparent cause, after a ten-grain dose of quinine. The patient was the mother of several children, had not previously aborted, was in good health, and took the quinine to cure facial neuralgia. I know of another case of abortion occurring under similar circumstances after quinine. This action of the drug is known to the Chinese, who take it (I am told with success) for the purpose of producing abortion, following its use by copious draughts of hot tea. I have myself heard a Chinese 'amah' (*i. e.*, female servant), recommend it. Quinine certainly, in some cases, increases the menstrual flow."—*British Medical Journal.*

JEQUIRITY (the abrus precatorius) IN GRANULAR LIDS.—Dr. W. A. Brailey, Ophthalmic Surgeon, Evelina Hospital; Assistant Ophthalmic Surgeon, Guy's Hospital, gives the treatment of three cases (*British Med. Jour.* May 19), by this drug, introduced from the natives of Brazil, by DeWecker of Paris. The seeds are used in the form of a strong infusion, and applied to, or between the lids, thrice daily, until a severe conjunctivitis of a purulent or diphtheritic type is set up. He finds it to diminish, very considerably, the pain and photophobia, and to have a decided influence in cleaning up the cornea, and could not succeed in inoculating into the sound eye the ophthalmia produced by this agent.

ON THE LOCAL USE OF ANTISEPTICS AFTER LABOR AND ABORTION.—Dr. W. Gill Wylie, in a paper read before the Medical Society of the County of New

York, and reported in the *N. Y. Med. Journal*, June 23, gives it as his practice: 1st, to make a vaginal examination, in all cases, some weeks before labor, and, if there is any leucorrhœa, to give warm vaginal douches, 1 to 50 sol. acid carbol. twice daily, and as soon as labor begins, wash the vagina and vulva with this solution.

2nd. To prepare the room by the removal of all useless and old stuffy furniture, and to disinfect everything with the spray of carbolic acid solution. The linen so treated is changed twice every day, and two sets of blankets are aired and used alternately. All instruments and hands used are first washed in sol. (1 to 20) acid carbol.

3rd. When labor begins, the spray is set going, and after labor, every napkin is carbolized, or carbolized muslin or oakum is used to catch the lochia, and changed, according to the discharge, every hour or two, night and day.

4th. Just after labor, the parts are thoroughly washed with a 1 to 50 sol. acid carbol., and vaginal douches are given from two to four times a day, and kept up for six or ten days, as required.

5th. The test required is the total absence of any odor pertaining to the lying-in chamber.

In thirty-six cases so treated by him, none had a rise of temperature over 102 F. at any time. He refers to four cases of abortion, detailing two of them, and considers, 1st, that septic matter must be excluded with great care; 2nd, that perfect drainage is very essential, as versions, and especially flexions, may cause retention of the lochia, and that contraction and swelling of the os internum very frequently is an active cause in preventing a constant and free drainage; 3rd, that when septicæmia has begun within ten or twelve hours after the first chill or high temperature, almost all cases may be cured by perfecting the drainage, and by washing out the cavity of the vagina or uterus by frequent douches of sol. (1 to 40, to 1 to 20) acid carbol.

He gives two instances of the dangers of intra-uterine injection. In one case, where there were symptoms of septicæmia after an operation on the cervix, very great shock followed an intra-uterine injection, but a very small catheter was used, and when the bed-pan was removed, not an ounce of the solution was in it, nor had it escaped on the bed, for the catheter undoubtedly entered the Fallopian tube, and the fluid was freed into the abdominal cavity. The patient recovered in eighteen months, after suffering during that time with an extensive pelvic abscess. In another case, a patient with puerperal fever was rapidly sinking, having been brought into the hospital eight hours previously with a very high temperature. One carbolic intra-uterine injection had been given, which was followed by a slight convulsion and a fainting turn, temp. 105°; pulse 130, with profuse perspiration, etc. The injections were kept up every half-hour. The woman rapidly improved, and made a good recovery. If a large tube is used after the os internum is well contracted, the injection may distend the uterine cavity, be forced through the Fallopian tube into the peritoneal cavity, or a clot may be forced into a vein or through a sinus, and do harm. He recommends a gum elastic catheter, with a ten and a half inch mark to limit the length introduced into the uterus.

In the discussion on this paper, Dr. Mundé directed attention to the fact that in all cases of puerperal septicæmia, there was a time when intra-uterine injections not only did no good, but were even positively injurious: 1. In cases where the lochia were not at all offensive, and the seat of infection seemed already to have spread to the parametric tissues. 2. Where the injections had been used faithfully for 48 to 72 hours with little or no benefit—in the latter they seemed to provoke a traumatic rise of temperature, and sometimes to be followed by more or less hæmorrhage.

Dr. McLean, to avoid the dangers of intra-uterine injection, used a continuous stream as from the fountain syringe, and with a soft catheter.

CIGARETTE-SMOKING.—This habit is receiving some consideration at present from the medical press. The New York *Medical Journal*, of June 23, in an editorial, considers that there is no just ground for looking upon cigarettes, used with proper precautions, as in any way more capable of doing harm than either cigars or tobacco. It is asserted, says the editor, that the paper used in making many brands of cigarettes contains matter that is poisonous, and arsenic is usually mentioned in this connection. If it were really present serious and unmistakable instances of arsenical poisoning would long before this have been traced to cigarettes. Another allegation is that cigarettes are sophisticated with some preparation of opium. If we compare the market value of tobacco with that of opium, we shall find that it will not suit the purposes of the falsifier to adulterate a cheap commodity with one that is expensive. Cigarettes furnish an inducement to more frequent smoking it is true, but it takes a number of cigarettes to equal a cigar in narcotic effect, and being cheaper they are more likely to be smoked in part only than is the cigar, and the nicotine is more apt to accumulate in the unsmoked end of either for absorption in larger quantities. One fault, that of inhalation into the lungs, and of exhalation through the nostrils, is more apt to belong to the cigarette smoker than to one who uses the cigar or pipe, and thus to increase the extent of absorbing mucus membrane.

The London *Lancet*, May 26, considers that if cigarettes were smoked as in the East, where, according to Sir Henry Thompson, Turkish ladies consume fifty or upwards in a day by taking a few whiffs and then throwing the cigarette away, perhaps no harm would ensue; but to take a cigarette between the lips and keep it there until smoked out, desposits a larger quantity of nicotine from the finely-cut leaf than that thrown by the smoke of a cigar or pipe. The sphygmographia tracings are more characteristic in the cigarette smoker than in others, of the depression produced by tobacco on the vaso-motor center and nerves. Further the dryness of the mouth and throat and the consequent demand for "brandy and soda," or some other stimulating beverage, is more apt to follow the use of cigarettes than of cigars or

pipes. Sir Henry Thompson, it seems, has not found it beneath his dignity to invent a form of cigarette-holder which opens transversely in the middle and admits of being stuffed with cotton-wool, which takes up the nicotine from the smoke in passing through it, and can be frequently renewed. Used in this way he regards the cigarette as the least potent, and therefore the least injurious, form of tobacco smoking.

A CASE OF ADDISON'S DISEASE.—In the report of the Western Infirmary, *Glasgow Medical Journal* June, a case of this disease is detailed at considerable length in a blacksmith, æt. 38, who attributed the cause of his sickness to a strain received while lifting, and giving him a constant pain in the right hypochondriac region. The discoloration of the skin came on very gradually soon after this, and his friends at first accused him of not having washed his face thoroughly. The strain was received in January, 1882; in July the skin became very dark in color. In August had inflammation of and purulent discharge from left lower jaw. In September diarrhœa. In December an attack resembling typhoid fever. In January, 1883, was taken with headache and shivering, followed by pains in the right side of the back, extending down the right groin and into the right testicle. This attack lasted three weeks, after which he gained flesh and got stronger. At present is not emaciated, skin cool and soft; temperature generally 98. No alteration of blood seen in microscopic inspection; bowels regular; appetite good; tongue appears as if slightly stained with ink; mucous membrane inside lips of a mottled, brown color, and on the inner side of each cheek opposite the teeth the pigmentation is of a blackish tinge. The pharyngeal mucous membrane is congested but not pigmented; has always been healthy; had scarlet fever when young; denies any venereal disease; cicatrices in right groin where he had a suppurating bubo twenty years previous; takes whisky freely; no hereditary taint discovered.

In the face he has the complexion of an Arab. The discoloration is especially distinct on the alæ of the nose; also below each eye. The conjunctivæ appear very white. The brown color of the face shades off and becomes lighter in those parts that are covered. The skin of his neck is very dark behind but gradually gets of a lighter shade as we pass forwards. At the back of the neck are two small cicatrices caused by burns; these are discolored slightly, but around them is a distinct zone of skin where the pigment is more abundant. A streak of pigmentation runs down the lower part of the back in the middle line, the color being deeper over each spinous process. In the lower part of the lumbar region, on the right side, there is an area of the skin where the pigment is very abundant; it corresponds to the place where a turpentine stupe was applied. The skin is discolored above each clavicle where the braces cross. The skin on the chest is very slightly tinged, becoming more marked as we approach the shoulders, and very dark in the axillary fold. The nipples are of brownish black color, and there is a slight secondary areola. The color becomes darker on the abdomen; there is a narrow streak of pigment from the xiphoid cartilage to the pubes; the navel is darker than usual; the scrotum is the part most deeply pigmented; the penis being also dark brown; the legs are pigmented more posteriorly than anteriorly, about the malleoli and over the dorsi of the feet; the right arm is more marked than the left, the inner side than the outer side; the skin around the olecranon is deeply pigmented. The backs of the hands look as if stained by the juice of walnut bulbs; the palms are almost free from pigment. The color of the skin over the body is darker when the surface is cold.

NEW INVENTIONS.

AN INSTRUMENT FOR COLLECTING MORBIFIC GERMS EXHALED WITH THE BREATH.—Mr. Francis Vacher, of Birkenhead, has devised an instrument, a wooden cut of which is given, with the description in the *Sanitary Record* of London, May 15, especially intended for measles, but which might be applied also to scarlatina and typhus fever. It consists of a hard metal cap to fit over the nose and mouth, the border touching the face being lined with an India rubber air cushion fitted with a tap. On one side is a valve opening inwards, and at the apex of the cap is a fine hole through which the exhaled breath is directed on a glass slip coated with one part of white of egg to three parts of distilled water. Before being used the instrument is plunged in warm water (about 100° Fahr.) so that the breath may not condense upon the metal. It is well to add to the water a small quantity of some simple disinfectant. As soon as the cap is warmed and dried, the glass slip charged with albumen is placed in position, and the patient is directed to breathe five or six times into the cap. Then the glass is withdrawn and dried over a spirit lamp, and the instrument is cleansed. A sample of healthy breath should be taken at the same time and the two samples may be stained with vesuvian brown and mounted in Canada balsam at any convenient time.

EDITORIAL.

THE MEETING IN CLEVELAND.—The recent meeting of the national Medical Association in Cleveland, was a successful one in all important respects. The large number in attendance, representing the profession in all parts of the country, indicated that the interest in the organization was still on the increase. The number of topics of general interest, such as a procurement of adequate provision for the Army Medical Museum and Library by Congress; the gaining of more knowledge concerning the meteorological and sanitary condition of important health resorts; the communication from a committee of the British Medical Association in relation to co-incident observations regarding the prevalence of certain diseases; the better training of nurses for the sick, etc., equally indicated that its influence both in and out of the profession was felt and appreciated. The number and character of the addresses, reports, and papers in

the several Sections, indicated decided advancement in the more scientific part of the Association work. And, certainly, the number and high character of the social entertainments, afforded ample proof that the importance of the organization was well appreciated by the citizens of Cleveland. All the business in the general sessions was transacted in good order and with a commendable degree of harmony and good feeling. Dr. Atlee presided with dignity, and all the officers, including the committee of arrangements, discharged their duties with fidelity and success. And, in the selection of that well-known author and Nestor of the profession, Dr. Austin Flint, Sr., for President, the present year, the Association performed an act alike complimentary to itself, to the recipient of its highest honor and satisfactory to the whole profession. Surely, none of these things betoken either premature weakness, or waning influence, on the part of our national medical organization. We only wish those who keep themselves at a distance, and take council of their own suspicions and fears, would come inside of the meetings and have both dispelled, by lending a helping hand in the important work of harmonizing and advancing the interests of one of the noblest professions that exist among men.

Do Moral Principles Change?—Are they subject to the Darwinian law of evolution? Has time rendered the declarations of the decalogue obsolete?

We are constrained to ask the foregoing questions by expressions we hear occasionally concerning the National Code of Ethics, by a class of physictans who are properly represented by Dr. S. Pollak, in the preamble and resolutions he offered to the recent meeting of the American Medical Association, and which can be found in the record of proceedings contained in the first number of this Journal. He says:

"The Code of Ethics has an existence coeval with the organization of the American Medical Association. It was absolutely necessary then, and it cannot be entirely dispensed with now. But in thirty-four years this country has presented so many phases in its development and progress, that new laws are being constantly enacted, and old laws are repealed or modified to suit the requirements of the time. The Code has accomplished all that it was designed it should, but at present many of its features are obsolete, and not adapted to our wants."

Reduced to syllogistic form, the position would stand thus: The Code of Ethics is thirty-four years old. During that thirty-four years, there has been such progress in the development of the population, internal improvements, and various industries of the country, that new laws are being enacted, and old ones modified. Therefore, many of the features of the Code of Ethics relating to the medical profession are obsolete. It is about as easy to see a specimen of Koch's bacillus tuberculosis through a pair of common spectacles, as to see the relation between these premises and the conclusion placed as a deduction from them. We had supposed that a code of ethics was an embodiment and application of those moral rules or principles which indicate the duties, and should regulate the conduct, of some class of intelligent beings. A code of ethics for the medical profession should embody the ethical rules or moral principles that indicate the duties of the physician to his patients, to his brother physicians, and to the community in which he lives, with such application of those principles as will afford a just guide for the regulation of his conduct in each of the three relations named.

Now, our National Code of Ethics is simply this, and nothing more. And if it was necessary and right thirty-four years ago, what are the changes that have taken place in the relations between the physician and his patient, or between the physician and his brother practitioner, or between the physician and the community in which he lives, that have rendered "many of its provisions obsolete?"

Has the mere increase in the number constituting the profession, or the extension of the boundaries of medical knowledge, or the increase of general population, altered in any degree the practical duties and relations of the physician, or the rules that should regulate them? The lapse of time may bring such extensions of social, educational, commercial and physical interests, as to require the frequent modification of old laws and the enactment of new ones, but it cannot change the principles of justice and equity between man and man, or the ethical principles that should regulate the conduct of any particular class in human society. And our friend from Missouri, from whom we quoted our text, should know that all the essential principles, and much of the language of our National Code, are taken from the work of Dr. Thomas Percival, an English physician, published in in 1803, and which has served as a guide for the English profession nearly a century. And the same will probably continue to be the guide of the great mass of intelligent medical men through the centuries to come. As in the past, so in the future, additional clauses or sections may be added for the purpose of making existing principles cover some new combination of circumstances, but neither the lapse of time, nor the progress of human society, will change the nature of a moral or ethical principle, or render its application in the regulation of human conduct *obsolete*.

Bacillus Taberculosis.—Each contribution to our knowledge of this organism by microscopists of eminence is welcome. Some time since Spina of Vienna published an account of experiments of his own to test the accuracy of those of Koch. He found that the tubercle bacilli did not, as had been asserted, take staining peculiar to themselves and different from other forms of bacteria. Koch, in his reply to his critics in turn severely criticized Prof. Spina's experiments. At a recent meeting of the Society of Physicians at Vienna, Professors Stricker and Spina reaffirm the previous observations, and describe a new series of experiments carried on by them to test the same point. They also claimed that they had produced tuberculosis in healthy animals by the injection of glass and cinnabar, the possibility of which has been denied, provided due care is taken to prevent contamination by tuberculous matter at the same time. It is not to be presumed

that gentlemen of such scientific eminenec as Professors Stricker and Spina would repeat these experiments without taking every precaution to make them trustworthy. Their conclusions, therefore, deserve careful consideration by unbiased thinkers. Professor Feltz, of Nancy, France, has also been repeating Koch's inoculation experiments with cultivated bacilli. He does not consider his experiments decisive and will repeat them, but, thus far, he has failed to produce the disease of which the bacilli were the supposed cause.

ENDOWMENTS.—We are glad and at the same time sorry to see that Dr. Eliphalet Clark, of Deering, Maine, has bequeathed some valuable land as an endowment for a new medical college. We are glad to see endowments made to medical schools. It is only surprising that the many wealthy and generous men in our country who have made endowments to schools and colleges have almost uniformaly overlooked medical institutions. The public should be most deeply interested in having medical education in this country as good as is possible; for otherwise it will suffer from the ignorance of the profession. While it is generally admitted that no literary or scientific college can be maintained properly, and its grade of scholarship kept at a proper standard without liberal endowments, still medical colleges have been allowed to shift as best they could. Is it surprising, under these circumstances, that the requirements for admission to, and graduations from, the great majority of American medical schools are so slight? We repeat we are glad to see endowments made to medical colleges; but we are sorry that they are not made to some of those already established, and that have gained reputations for good teaching. It is such schools that deserve these pecuniary rewards.

NOTICE.—The mailing of the first number was delayed by causes incident to the arranging and printing of new mailing lists. We have endeavored to supply accurately all the members who have been reported to us by the Treasurer as having paid their annual membership fees, and also all others who had sent us pledges of support. If any find themselves omitted, or their addresses incorrect, they will confer a favor by promptly notifying us. Let it also be remembered that all payments of membership dues should be made to the Treasurer, Dr. R. J. Dunglison, P. O. Box 2386, Philadelphia, Pa. And all subscriptions from non-members or other matters of business, should be sent to the office of publication, 65 Randolph street, Chicago.

EDITORIAL ASSOCIATION.—In compliance with the unanimous request of the American Association of Medical Editors, at its reeent meeting in Cleveland, we have occupied a large part of the space in the present number with the addresses before that body. They relate to topics of much importance, and we hope their reading will not be devoid of interest and profit. The next number will contain the address of the Chairman of the Section on Practical Medicine and Materia Medica, and such other papers belonging to that Section as the space will permit.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA LETTER.

As predicted in our last letter, Dr. Theophilus Parvin was elected to the chair of Obstetrics and Diseases of Women and Children, at the Jefferson Medical College, recently made vacant by the resignation of Dr. Ellerslie Wallace. This accomplished physician and distinguished teacher, has been for the past two years professor of obstetrics and diseases of women in the medical department of the University of Louisville, Ky., where he attained a high reputation as a brilliant and instructive lecturer. It is very gratifying to the students, as well as to the alumni of Jefferson College, that Dr. Wallace's place has been filled in such an acceptable manner; and the faculty also congratulate themselves on such an agreeable accession to their ranks. Dr. Wallace has been elected emeritus professor.

Dr. Parvin is also well known as a medical writer, having contributed largely to American medical literature, both as an editor, and author. Philadelphia maintains her prominence as a medical center, not only by the high standing attained by the graduates of her schools, but by the wise selection of competent men to fill vacancies in her ranks of medical teachers, for which purpose the very best that the country can afford are always chosen.

On Friday, June 30, the Muller modification of the Porro operation, in turn a modification of the Cærsarian section, was performed at the Philadelphia almshouse, Dr. W. H. Parrish, of this city, the subject being a dwarf aged forty years. The woman is only fifty-one inches in height, though both parents are of ordinary stature. She has suffered with a curvature of the spine since early childhood, causing a malformation of the pelvis of such a character that delivery in the natural way was impossible. Ether was administered, an incision made through the abdominal wall, the uterus elevated from the abdomen, into which an incision was then made and a living fœtus removed. The uterus was then amputated at the cervix. This is said to be the fourth Porro operation in this country, the first successful one, as far as both mother and child is concerned, being performed by Dr. Elliot Richardson about three years ago. The woman in that case, also, was a dwarf, and survived the operation two years, recovering entirely from its effects.

We have just received word that the mother operated on at the almshouse Saturday, is dead and the child doing well. Such a result was anticipated, however, as the patient was suffering with chronic Bright's disease of the kidneys at the time of the operation. She died of uræmia, the result of an acute exacerbation of the kidney difficulty. The urine before operation showed numerous hyaloid, granular, and epithelial casts, and precipitated one-

third albumen. An autopsy revealed union along the entire peritoneal surface of the abdominal incision, no general peritonitis, and a clean peritoneal cavity. A full report of the case will be published.

But little of importance is progressing in medical circles in the city, owing to the advent of the heated term. The schools are all closed, and the streets quite deserted of pedestrians, a general exodus having been made to the various watering places, and summer resorts, to escape the rays of the pitiless sun, which beats down upon the stone pavements and brick houses with relentless energy. One of the features of the fall campaign, however, will be the opening of the post-graduate school at the Jefferson Medical College. This course has long been needed; and, judging from the wise selection of instructors, and the valuable clinical material on hand, there is reason to prognosticate a successful outlook for this new department in educational work.

We also take pleasure in chronicling the visit to our city of Medical Director Gihon of the U. S. Navy, who recently spent several days in our midst. It is also worthy of special note that two of our eminent physicians and scientists have recently received recognition of their high standing and attainments by having conferred upon them the the degree of LL.D. We refer to the distinguished chemist, Prof. Robert, E. Rogers, of the Jefferson Medical College, and Prof. H. C. Wood, of the Medical Department of the University of Pennsylvania. Dr. Rogers received his degree from Dickerson College, and Dr. Wood was honored by Lafayette.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

At the meeting of the Chicago Medical Society held June 4, 1883, Dr. R. Tilley presented a patient under his care, who is being treated for deafness, and in whom he recently discovered numerous bacteria in the secretions removed from a decayed tooth.

The fungi were taken from the tooth in presence of the members, and exhibited under the microscope. Regarding their origin, the doctor was unable to decide positively whether their presence was the cause or effect of the dental decomposition, but inclined to the former opinion.

Dr. A. Bryan read an interesting paper on the subject of "Stammering," in which several pathological points of paramount interest were brought to notice, upon which the literature is meager. The following extracts upon this topic were taken, which may occur in persons of perfect physical integrity, and is the result of mal-habit or mal-education of the nerve centers, presiding either immediately or remotely over the organs of articulation:

The act of stammering *usually* consists in the attempt of a person to articulate an elementary sound while the vocal organs remain in the position proper for the utterance of the sound which precedes it in the same syllable.

A traumatic lesion of the mouth may temporarily disable a person in certain forms of utterance, if so, these cases are confined usually to a single letter, and often to only a single word. The worst stammerers are capable of stammering upon every letter of the alphabet and upon every word in the language, and stammer between words. At times momentary vertigo may ensue in the extreme stammerer, and tetanic action of a number of the facial muscles may occur. Stammering is more persistent in those of small intellectual caliber, and disappears more readily in persons of high or good intellectual capacity. Fear will enhance the difficulties of the stammerer, so too will cold, by decreasing the rapidity of nervous conduction. During the hot weather in summer, stammerers are often greatly improved.

Buoyancy of spirits affords relief. Consciousness of the presence of superior and arrogant persons plunges the common stammerer into difficulty, whereas the presence of a benign superior aids him. Vigorous mental excitement usually aids and relieves the stammerer. A sense of healthful joy often does away temporarily with all difficulty of utterance. Among the *causes* was antecedent disease. Children recovering from extreme adynamia in acute disease are liable to stammer afterward. And a large proportion of stammerers are made by imitating others who (mimic) a sufferer from the malady.

A large number take on their trouble by unconscious imitation. A child may imitate its brother, sister, or parent—cases that supervene in this manner are not so inveterate as those that arise through ridicule or through a malicious purpose. Children born of stammering parents usually stammer with great facility, but in these it may be of transient duration. Stammering is not analogous to aphasia due to cerebral lesion. The treatment, carried out intelligently, should usually be successful, for the tendency is to spontaneous recovery. Total non-interference should be adopted in treating all young children who have acquired the impediment by unconscious imitations. The child should be placed in circumstances of absolute freedom of general growth, physically and mentally. A warm climate enhances recovery by increasing the velocity of nervous conduction. The self-confidence of a child should be cultivated. He should be removed from all opportunity to imitate another stammerer, and should be taught music, dancing, and calisthenic exercise. The intelligent adult stammerer should be drilled in elementary articulation. His general culture should be carried to on extreme extent and a high form of will should be carried on the part of a patient.

Dr. E. G. R. Trimble, a sufferer from this lingual impediment, asked the writer if stammering was apt to be accompanied by neurasthenia; also if, in hereditary cases, the hesitation generally occurred on the vowels or consonants. Answered "No," relative to neurasthenia, and secondly, that the hesitation most often occurs on the vowel sounds.

NEUROLOGICAL ASSOCIATION.—At the meeting of the American Neurological Association, Dr. J. W. Morton, of New York, read a paper on "Neuritis following Dislocation at the Shoulder." The peculiar-

ity of this case was that the inflammatory action extended along the affected nerves of the right side involving the cord, so that symptoms manifested themselves also in the left arm and hand; but instead of causing atrophy of the tissues supplied by the nerves from the diseased center, as is usual, there was an over-excitability of the neuro-muscular tissues. The case was treated by electricity, a blister over the tract of the brachial plexus, hot and cold douches, and the use of cod-liver oil.

Dr. C. L. Dana, of New York, read a paper on "Hydro-Bromic Acid as a Substitute for the Bromides." He had used it during the last two years in cases of epilepsy, alcoholism, various forms of headache, vertigo, general nervous depression, neurasthenia, chorea insomnia, hysteria, etc. He had observed the most benefit in cases of post-hemiplegic and lighter nervous troubles. He did not find that it would prevent cinchonism. Its chief advantages over the haloids are that it is more agreeable to take, less irritating, and does not produce bromism. The doses should be larger than that usually employed. Of the officinal or ten per cent. solution, one to two drachms and a half, are the doses which he found most serviceable, and of the pure acid from ten to twenty drops.

Dr. J. J. Putnam, of Boston, described eight cases of "Lead Poisoning Simulating other Forms of Disease," such as chronic and sub-acute myelites, and one case of cerebral disease. He pointed out also certain sources of error in detecting lead in urine.

Dr. J. T. Eskridge described a "Case of General Neuralgia" and Dr. C. C. Mills a "Case of Locomotor Ataxia terminating as General Paralysis of the Insane." The patient had had syphilis, and was addicted to venereal and alcoholic excesses. After death microscopical examination showed that the spinal cord was sclerosed throughout, especially in the lumbar region. There was also diffuse inflammation of the pia mater. Sclerosis had occurred in the pons, the optic thalami and those cerebral convolutions that were examined. After reviewing the literature of the subject, the author stated his belief that in the case described the brain had not been affected by simple extension of disease from the cord, but that various portions of the cerebro-spinal system had been attacked separately.

Dr. E. C. Spitzka, of New York, made some remarks refuting the "Alleged Relations of Speech Disturbance and Patellar Tendon Reflex in Paretic Dementia."

Dr. R. T. Edes, of Boston, described some original experiments upon the "Excretion of the Phosphites and Phosphoric Acid as connected with Mental Labor." He was unable to find evidence to corroborate the strong popular opinion that the excretion of phosphoric acid was increased by mental labor.

Dr. S. G. Webber, of Boston, reported several "Cases of Locomotor Ataxia with unusual symptoms and marked remissions in their course."

Dr. R. W. Amidon, of New York, described a "Case of Tetanoid Paraplegia occurring in a Child," the tetanoid symptoms being preceded by indications of sub-acute hydrocephalus. Dr. Amidon suggested that the central trouble might, by extension to the chord, be the cause of the tetanoid manifestations. He also described two "Anomalous Cases of Parkinson's Disease." They were peculiar in showing all the symptoms of the trouble except the tremor.

Dr. V. P Gibney, of New York, showed a "Case illustrating Progressive Muscular Atrophy" and also one manifesting "Fibrillar Twitchings Follow a Gunshot Wound."

Dr. W. J. Morton, of New York, read a paper in which he described an "Apparatus for Treating Scrivener's Palsy." This consisted of a light metallic thimble for the index finger, to the end of which was attached the pen. A rubber band was placed around the thumb and finger so as to offer some resistance to extension and abduction. This apparatus kept the muscles on the stretch.

Dr. G. M. Hammond narrated a "Case of Locomotor Ataxia," in which there was apparently cure, and in which even tendon reflex had returned.

Dr. F. T. Miles, of Baltimore, read a paper on "Nutritive Alterations of the Hand from the Pressure of a Dislocated Humerus in the Axilla."

Dr. Burt G. Wilder, of Ithaca, presented photographs and a specimen of the "Brain of a Cat lacking the Callosum." During life the animal had shown no peculiarities. He also read papers "On the Alleged Homologies of the Carnivoral Fissura Cruciata with the Primatial Fissure Centralis," "On the Removal and Preservation of the Human Brain," and "On Some Points in the Anatomy of the Human Brain."

Dr. W J. Morton, of New York, read a paper entitled "Treatment of Migraine." He pointed out two types of the disease, the one spastic, the other paralytic. In the first form the bromides, especially sodium bromide was preferred. When given freely it usually aborted the attack. Nitrite of amyl and nitro-glycerine were also frequently beneficial. The paralytic form was usually most benefited by ergot and strychnia. Cauterization and electricity judiciously applied, also did good.

Dr. W. R. Birdsall, of New York, discussed the "Relation of Syphilis to Locomotor Ataxia." From the statistics which he had gathered, he was unable to agree with Erb, that the disease always followed syphilitic disease.

"Galvanization of the Brain and its Value in the Treatment of Chorea," was considered by Dr. C. L. Dana, of New York. Anodal electricity when applied to the brain, he thought acted as a sedative, retarding the circulation. In the cases of which he kept records, it seemed that under treatment by electricity, they recovered much more quickly than when using arsenic alone.

Several other papers were read by title only.

TRIPLETS.—On June 18, the Chicago Medical Society held a regular meeting, and Dr. Henry Ogden read a valuable paper on Obstetrics. This topic was made more interesting and prolific by a carefully written report on a "Trio of Cases of Triplets," all having occurred in this city recently, within the space of seven weeks. The first case cited was the birth of

three living girls, born to a German family at 96 Fullerton Ave., on the morning of February 11, 1883, during the half hour intervening between 7:30 and 8 o'clock. In ten minutes after the last child was born, a very large placenta came away. The babies weighed 6½ lbs., 5½ lbs., 4½ lbs. Mother's recovery was protracted, but at this date all are well.

The second case occurred in an American family, at 341 W. Randolph street. The triplets were boys, two of whom were born alive, on the morning of March 30, 1883, during the half hour from 5:30 to 6 o'clock. At 7 A. M., the third boy was still-born, and by appearances, had been dead for several hours. In about 20 minutes, the placenta came away. The following were their weights: 5½ lbs., 5 lbs,, 4½ lbs. The mother was very well all through her gestation, and is now quite well, and nurses the two surviving babies.

Third case, all girls, born to Swedish parents, residing at 1675 Gehrke Ave., on March 27, 1883. The first child was born at 10 A. M., and was below the normal size, the presentation being cephalic. The other two were cross-births on presentation, and turning was promptly resorted to, the last child being born with both arms extending alongside of the head. But five minutes intervals occurred between the births of the children, which were all born alive, their weights being 6 lbs. 1 oz., 6 lbs. 4 ozs, 6 lbs. 9 ozs. The urgency of the case prevented the last child from being born in other than the manner in which it was, as the arms were above the head at the superior strait, and pulsation had ceased in the cord, and a lesson from Deventer, who wrote in 1724, that everything had succeeded well in his practice by this method, "not much as one head having stuck in the mouth of the womb," was called to mind and acted upon. The mother's recovery was tedious, on account of an attack of cellulitis.

A supplementary report was stated, wherein Dr. J. W. Edwards, of Mendota, Illinois, had kindly furnished a case of triplets of three girls, born to Irish parents, on the morning of June 3, 1881, in that city. There were three separate placentæ in this case. The children are now two years old, and all well, as also the mother. Since the above paper was read, another case where three children at one birth were born to a German family residing on Emma street, all of whom are doing well, has come to our knowledge.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE—FIFTIETH ANNUAL MEETING; 1883.

This volume of 104 pages does credit to the Society, for it is in good type, on excellent paper, and is well arranged, and passably well indexed. Dr. A. B. Tadlock reports an interesting case of femoral hernia; death seventy-four days after the operation. Dr. J. S. Sinclair reports two cases of plastic-surgery—one for the relief of ectropium, by transplantation from the arm; the other for the relief of symblepharon by conjunctival flaps. Dr. W. D. Hazzard reports a case of ovarian tumor of twenty-two years' duration. Dr. J. S. Nowlin discusses vaccination and small-pox, and Dr. J. W. Davis reports a case of induced delivery in a patient who was treated for abscess of the liver, and to whom in the last week of the eighth month of pregnancy he gave for this purpose quinine gr. 4, morphine gr. ½; dilated the os with very little difficulty; ruptured the membranes, and by frequent stretching of the os with the fingers, labor was brought on in less than two hours, and she was delivered of twins.

REVIEWS.

A SYSTEM OF SURGERY BY VARIOUS AUTHORS; edited by T. HOLMES and J. W. HULKE; third edition, in three volumes.

A work so large and exhaustive as this, cannot be properly reviewed in the small space at our disposal.

It is twelve years since the second edition of this work appeared, and the many additions to all the departments of surgery which have occurred since then have necessitated a thorough revision of the whole work and even the rewriting of many portions.

The present volumes are well printed, and very fully and handsomely illustrated. Each volume contains—in addition to many wood-cuts—several full-page plates.

The chapters are grouped under five divisions or parts. The first includes General Pathology, and occupies about one-third of the first volume; the second part treats of General Local Injuries, and the third of Injuries to Special Regions. These three parts fill the first volume. Part IV discusses the Diseases of the Various Organs, and occupies the whole of the second volume and two-thirds of the third. The remainder of the work treats of Operative Surgery, Minor Surgery, Plastic Surgery, Amputations, Excision of Bones and joints, and an appendix on Surgical Diseases of Childhood.

The amount of labor expended in revising the work and bringing it into its present form cannot be shown better, probably, than by giving the names and stating the work of the various revisers. W. Anderson, Assistant Surgeon to St. Thomas' Hospital, wrote the chapter on Animal Poisons, which replaces the same chapter in former editions by Mr. Poland. A. E. Barker, Assistant Surgeon to University College Hospital, replaced the essays of previous editions prepared by Mr. Athol Johnstone, Mr. Shaw, and Mr. Holmes Coote, on Diseases of the Joints, of the Spine and of the Tongue; he also edited Dr. Lockhart Clarke's essay on Diseases of the Muscular System. J. Birkett, Consulting Surgeon to Guy's Hospital, prepared the articles on Injuries of the Pelvis, Hernia, Diseases of the Breast. J. R. Bristowe, Physician to St. Thomas' Hospital, edited the articles on Diseases of the Skin, which were written by Sir W. Jenner, Dr. Hillier and Mr. Nayler. B. E. Broadhurst, Surgeon to the Royal Orthopœdic Hospital, wrote the essay treating of Congenital Dislocations and Intrà-uterine Fractures. C. E. Brown-Séquard, Professor of Medicine at the College of France, that on Injuries of the Nerves. G. Brusk, Consulting Surgeon to Seamen's Hospital, prepared the articles on Parasites and the Diseases which they Produce;

also that on Venomous Insects and Reptiles. H. T. Butlin, Assistant Surgeon to St. Bartholomew's Hospital, prepared the essay on Tumors, and re-edited those of Mr. Holmes Coote on Abscess and of Sir J. Paget on Ulcers. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, wrote that portion which treats of Artificial Limbs. Mr. Callender's essay in previous editions on Pyæmia has been replaced by one written by H. H. Clutton, Assistant Surgeon to St. Thomas' Hospital. The article on Gangrene formerly prepared by Mr. Holmes Coote, for this edition was written by W. H. Cripps, Assistant Surgeon to St. Bartholomew's. J. Croft, Surgeon to St. Thomas' Hospital, re-edited Sir J. Paget's essay on Wounds, and wrote those on Hectic Fever, Treatment of Cases after Operation, and Antiseptic Method of Dressing Wounds. W. B. Dalby, Aural Surgeon to St. George's Hospital, describes Diseases and Injuries of the Ear; A. E. Durham, Surgeon to Guy's Hospital, Injuries of the Neck; and G. Harley, Apnœa. R. G. Godlee, Assistant Surgeon to University College Hospital, reëdited the essays on Surgical Affections of the Skin by Mr. T. Smith, and Diagnosis and Regional Surgery by Mr. Holmes. Dr. Barclay's essays on Delirium Tremens and Diphtheria and Croup, Mr. Durham's on Diseases of the Nose, and Mr. Holmes Coote's on Diseases of the Thyroid Body have been re-edited by J. Warrington Howard, Surgeon to St. George's Hospital. T. Holmes, the editor, writes the articles on Burns and Scalds, General Pathology of Dislocations, Diseases of the Bones, Aneurism, Excisions, and Surgical Diseases of Childhood. He re-edits Mr. Simon's essay on Inflammation; Mr. De Morgan's on Erysipelas; Mr. Savory's on Hysteria; Mr. Moore's on Wounds of Vessels, Diseases of the Absorbent System and of Arteries; and Mr. Callender's on Diseases of the Veins. J. W. Hulke, Surgeon to the Middlesex Hospital (editor) prepared the essay on Injuries of the Upper Extremity, and edited those on Tetanus, by Mr. Poland, Injuries of the Head, by Mr. Hewett, and Diseases of the Eye, by Mr. Dixon. Surgical Diseases of Women is written by J. Hutchinson, of London Hospital; Syphilis and Gonorrhœa by H. Lee, of St. George's Hospital; Anæsthetics and Amputations, by J. Lister, of King's College Hospital; Orthopœdic Surgery, Curvature of Spine, Rickets and Osteotomy, by W. J. Little; and General Shot Wounds by T. Longmore, Professor of Military Surgery at Neatley. W. H. A. Jacobson prepared the articles on Injuries of the Back and Face, and Diseases of the Male Generative Organs; also re-edited Mr. Hornidge's article on General Pathology of Fractures. Mr. Poland's essay on Injuries of the Chest, and Mr. T. Smith's on Minor Surgery, are edited by R. Lyell, of Middlesex Hospital; he is also the author of the article on Plastic Surgery. The esssay on Injuries of the Lower Extremities, by Mr. Holthause, has been replaced by one by H. Morris, Surgeon to Middlesex Hospital. Injuries of the Abdomen; Diseases of the Mouth, Pharynx and Œsophagus; and of the Intestines, are described by G. D. Pollock, Consulting Surgeon to St. George's Hospital. S. J. A. Salter writes on Diseases of the Teeth; J. Burdon Sanderson, Professor of Physiology at Oxford, Pathology of Inflammation; H. Smith, of King's College Hospital, Diseases of Rectum; Sir H. Thompson, of University College Hospital, Diseases of Urinary Organs, Lithotomy and Lithotrity, in place of those previously by Mr. Poland and Mr. Hawkins. The essay on Scrofula is by E. Treves, of London Hospital, and takes the place of one by Mr. Savory. The articles by Sir J. Paget, Surgeon to the Queen, on Pathology of Sinus, and Fistula and Contusions, and that of W. S. Savory, of Bartholomew's Hospital, on Collapse, remain unchanged in the present edition.

SITZUNGSBERICHTE DER PHYSIKALISCH-MEDICINISCHEN GESELLSCHAFT ZU WURZBURG, 1882.—This report of the session for 1882, of the Physico-Medical Society of Wurzburg, is filled with valuable material, contributed by such men as Virchow, Kölliker, Gerhardt, Rindfleisch, V. Rineker, Riezer, Angerer, Gad, Flesch, Rosenberger and others. The first article is a review by Riezer of hypnotism, followed by a description of his illustration of the subject in two girls, and several animals; and also by the ensuing discussion. He divides the subject into four heads: first, that of the old mesmerism; second, the hypnotism of Baird, with the present views of Heidenham; third, the clinical neuro-pathological views of Charcot; and fourth, the hypnotism of animals, as demonstrated by Czernak, and more fully by Pruger of Jena. His demonstrations excited considerable comment.

V. Bergmann described a case of extirpation of the larynx with the patient before him, using for the purpose of speaking a phonative apparatus, provided with a caoutchouc membrane, which imitated fairly the tones of the human voice. The other articles correspond in merit with the illustrious names with which they are associated.

NINETEENTH ANNUAL REPORT OF THE ALUMNI ASSOCIATION, ETC., OF THE PHILADELPHIA COLLEGE OF PHARMACY, 1883.—This is a very respectable sized volume of 180 pages of very fine print; no table of contents or index. It evidently contains much interesting and instructive matter, but to get at it properly one must read closely.

BOOKS AND PERIODICALS RECEIVED.

Sanitarian of June 28, 1883.

Mississippi Valley Medical Monthly, July, 1883.

Treatment of Various Forms of Acne, by G. H. Rohe, M.D. (Reprint from *Medical Chronicle*, May, 1883.)

Sanitarian of July 5.

The *Detroit Lancet*, July, 1883.

A System of Surgery by Various authors, edited by Holmes. Edition third, in three volumes. Published by Wm. Wood & Co., New York.

Quarterly Journal of Inebriety, July, 1883.

Sanitarian of July 12, 1883.

Hints on Treatment of Some Parasitic Skin Diseases, by Geo. H. Rohe, M.D. (Reprint from *Medical Record.*)

Pemphigus and Diseases Liable to be Mistaken for It, by G. H. Rohe, M. D. (From *Medical News.*)

REPORT OF THE TREASURER OF THE AMERICAN MEDICAL SOCIETY.

DR. RICHARD J. DUNGLISON, TREASURER, IN ACCOUNT WITH THE AMERICAN MEDICAL ASSOCIATION.

DR.			CR.		
1882.			1882.		
June 15	To cash balance	1141.38	June 15	By cash expenses of Treasurer to St. Paul meeting, as per order of Association	105.95
" "	Delegates and members at St. Paul meeting	3455.00	July 3	Dr. W. B. Atkinson, Permanent Secretary, as per order of Association	1000.00
1883.			Aug. 10	Dr. Kleinschmidt, Librarian, for binding, etc., as per order of Association	200 00
June 1	Permanent members to date	1080.30	Sept. 12	Dr. N. S. Davis, Chairman, Trustees of Journal, on account	500.00
			Dec. 20	Houghton, Mifflin & Co., stereotypers	400 00
			" 31	Postage, expressage, etc., to date	53 81
			1883		
			Jan. 8	Wm. F. Fell & Co., printing	56.85
			Feb. 16	Dr. N. S. Davis, Chairman Trustees of Journal, balance	227.50
			" "	Dr. N. S. Davis, Chairman Committee on meteorology	250 00
			March 29	Henry Barnes, services as clerk	50.00
			April 5	*Times* Printing House Printing vol. 33	1534.54
			" 13	Wm. F. Fell & Co., printing	49 80
			May 26	F. Leypoltt, guarannee Index Medicus	20 00
			" "	Dr. Kleinschmidt, Librarian, expenses	25.00
			" 30	H. C. Levi Love & Co., postage, expressage, paper, etc.	59.65
			" "	T. K. Collins, printing (1881-2)	76.65
			" "	Dr. W. B. Atkinson, Permanent secretary, expressage, postage, travel, etc.	163 00
			June 2	Balance	903 83
		5676.68			5676.68

MISCELLANEOUS ITEMS.

Dr. T. J. Heard, of Galveston, Texas, reports the following case: A boy of ten years of age, of strumous diathesis; cervical glands very much enlarged, lids granular, conjunctiva and cornea ulcerated. Treatment—To take three drops of compound tincture of iodine after meals, the part of the eye involved to be well sprinkled with finely levigated dry subnitrate of bismuth three times a day; eye to be thoroughly washed night and morning with lukewarm water; at bed-time the lids to be anointed with washed lard. In two weeks' time the eyes were perfectly clear and well, and the boy's general condition improved. The reason I report this case is because I have seen no mention made of the use of bismuth in such cases.

MAURICE KRISHABER, M.D., died of acute pneumonia at Paris, in 1883. Born at Felacetehazy in 1836, he took his degree in Paris in 1864. He was known both as a surgeon and laryngologist. One of Claude Bernard's most intimate students, he conducted some extremely interesting physiological researches. In connection with M. Baillarger, he prepared the article on Cretinism in the Dictionnaire Encyclopedique, which is one of the best works on the subject. His most important work, however, is his memoir on the cerebro-cardiac neurosis, generally described as Krishaber's disease, in which he describes one of the most curious forms of functional cerebral ischæmia, and which opens a vast field for pathological investigations. Shortly before his death, he received the Monthzon Prize from the Academy of Sciences for his researches into the inoculability and contagion of tuberculosis in the monkey.—*L'Encephale.*

No award was made of the Fiske fund by its trustees at the late meeting of the Rhode Island Medical Society. They offer $300 for the best essay on either of the following subjects: First—"The Origin and Progress of the Malarial Fever now prevalent in New England;" second, "Original Investigations in Household Hygiene." The essays must be forwarded to Charles W. Parsons, M.D., Secretary of Trustees, on or before May 1, 1884. Each one must bear a motto in the place of the author's name, and must be accompanied by a sealed packet containing the name and address and bearing the same motto.

Dr. H. P. Strong died at Beloit, Wisconsin, June 20, 1883. He was fifty-one years old. He had been Mayor of the city for several years; Secretary and President of the State Medical Society; during the war he was surgeon of the Eleventh Wisconsin Regiment, and at the time of his death he was a member of the State Board of Health.

The annual meeting of the Delaware State Medical Society was held at Wilmington June 12. The President-elect is Robert M. Hargardine, of Tilton; Vice President, Willard Springer; Secretary, George W. Marshall; Treasurer, J. W. Sharp.

Dr. John A. Liddell, of New York, died there July 8, 1883, aged sixty. He was well known as a writer and as Inspector-General of the Medical Staff of the Army of the Potomac during the Rebellion.

Dr. Moritz Michaelis, of New York City, died there on the 23d of June. He was well known as an obstetrician. He was born at Detmold, Germany, in 1811, and came to New York in 1840.

The New York *State Medical Register* for 1883 contains the names of 2,684 physicians living in the State, of whom 1,661 reside in New York City and 510 in Brooklyn.

DR. S. STRAUSSER has received a delegate's certificate from the Secretary of the A. M. A. to represen this body in all medical societies in Europe where

the same are in affiliation. The Doctor anticipates starting to Germany about the first of August, to be absent three or four months.

DR. R. N. ISHAM will leave the city about July 10 for a trip through Northern Europe. Considerable time will be spent in St. Petersburg, Russia. In the fall he will return to resume his lectures in Operative Surgery, in the Chicago Medical College.

MILITARY TRACT MEDICAL ASSOCIATION.— The next regular meeting of this Society will be held in Galesburg, Ill., on Tuesday, November 13, 1883.

DR. H. C. HOPPER,
Galesburg, Ill. Secretary.

The British Government has determined to send to Egypt, to investigate the cholera epidemic there the Surgeon General of the Army, who has had much experience with the disease in India.

Louis Pasteur has also offered to organize a commission for the same purpose, and has applied to Lord Granville, the British Foreign Secretary, to furnish him with facilities to prosecute the work.

Dr. Spina, of Vienna who is best known here probably for his opposition to Koch, has been nominated Professor of General and Experimental Pathology at Prague.

The Boylston prize of $200 has been awarded to P. M. Braidwood, M.D., of Birkenhead, England. The subject was "Measles, German Measles and Allied Diseases."

Prof. Thomas H. Huxley has been elected President of the Royal Society of London.

DR. DELASKIE MILLER leaves the city in a few weeks for a trip to Europe.

NECROLOGICAL.

ROBERT SMITH, M.D., F.R.C.P., F.R.C.S., died May 15, at his residence in Strathmore Gardens, Kensington, England, in the 69th year of his age. In 1867 he was obliged by ill health, to give up public professional work, and in 1872 increasing physical weakness obliged him to retire from all active work. Born in December 1814, he descended from a family, members of which, from father to son, had practiced medicine in Wimborne, Dorset, for more than a century. He is best known as author of the "Surgeon's Vade-Mecum," the first edition of which appeared in 1839, and is now in its eleventh edition, nearly 40,000 copies having been sold; it has also been translated into foreign languages. This with his article on "Inflammation," in Cooper's Dictionary of Practical Surgery (1872), are the most important of his numerous writings. He was a very active practitioner and filled many important positions, and in a series of published articles, endeavored to combat the views on total abstinence, as opposed to temperance. The *Medical Times and Gazette* refers to him as an accomplished botanist, a good geologist and an excellent chemist, a great student of languages, and a theologian of unusual learning and force, with a thorough knowledge of the art of music. He died affected with intermittent hæmatinuria, the symptoms of which for its first six years he has himself put into print. He leaves a widow, four daughters and three sons, the youngest of whom follows his father's profession.

PETER STEWART, M.D., died in Glasgow, Scotland, May 10, 1883, in his 70th year, being born in Granock, Scotland, Nov. 16, 1813. Took the degree of M.D. at the University of Glasgow 1845. He was an active practioner in Glasgow, a Fellow of the Faculty of Physicians and Surgeons in 1858, and in 1854, 1855, 1878 and 1879, president of the Glasgow Southern Medical Society. He was for some time one of the managers of the Glasgow Royal Infirmy. He was very fond of travel and visited most of the countries of Europe, as well as various parts of America, Australia and New Zealand. He died of malignant disease of the larynx.—*Glasgow Medical Journal, June.*

W. E. SCOTT, M.D., was born in London, England, in 1823. He came to Canada in 1831. Was House Surgeon, Montreal General Hospital 1841–43; M.D. McGill College, 1844, at which college he held the following positions: Demonstrator of Anatomy, 1845; Lecturer on Forensic Medicine, 1851; Professor of Anatomy, 1856; which last position he held up to the time of his death, May 24, 1883. He was the senior member of the Faculty of McGill College, one of the oldest members of the Board of Governors of the Province of Quebec, and the oldest consulting physician on the staff of the hospital. He died of chronic renal disease and consecutive cardiac derangements.—*Canada Medical and Surgical Journal.*

HUNTER, JOHN, M.D. Died in Washington City, July 10, 1883, aged 79. He was a native of Virginia, and a graduate of the University of Pennsylvania in the class of 1826. Although a man of fine literary and professional acquirements, he passed most of his life as a clerk in public office.

LIVINGSTON, BEVERLY, M.D. Died of diphtheria at his residence in the city of New York, July 2, 1883, aged 31. He was a graduate of the College of Physicians and Surgeons, and was making the diseases of children a specialty.

BAKER, PAUL DELACY, M.D. Died at his residence in Eufaula, Ala., July 6, 1883, aged 55. He had practiced in the same place for over a quarter of a century, and was greatly beloved by the whole country.

SCOTT, THOMAS A., M.D. Died July 11, 1883, at Petersburg, Va., aged 80. He was one of the most eminent practitioners in Virginia, and a nephew of Gen. Winfield Scott.